SASKATCHEWAN
HEALTH

COMMUNITY SERVICES

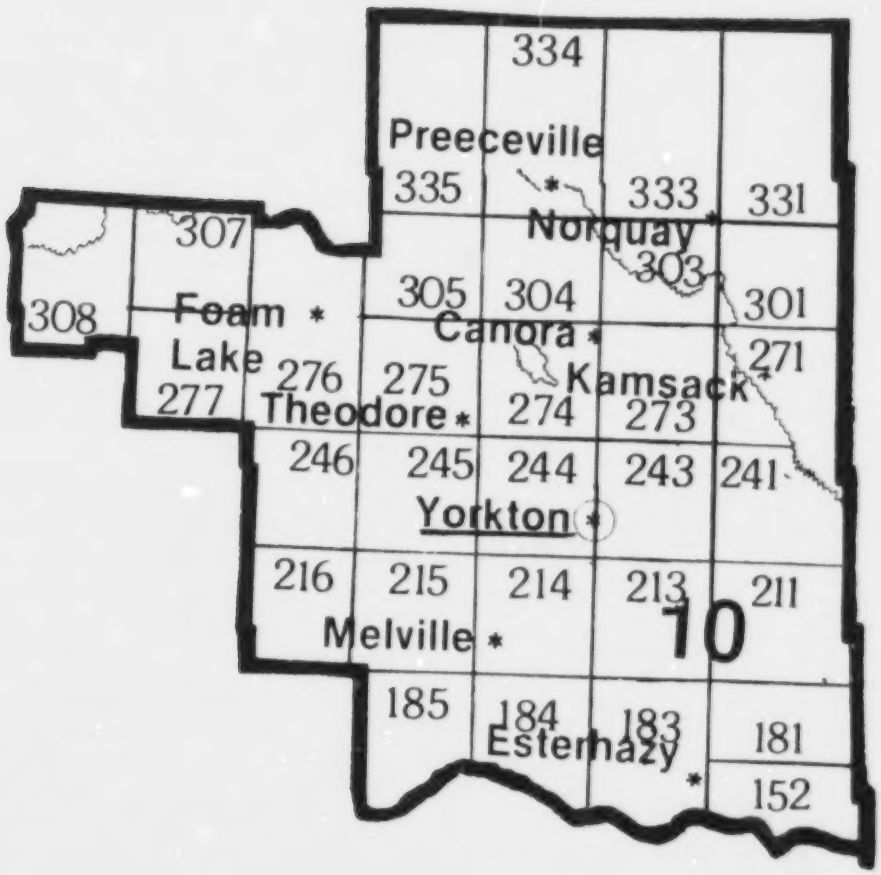
YORKTON-MELVILLE
REGION

1989

ANNUAL REVIEW

YORKTON – MELVILLE

HEALTH REGION



90-05630/

TABLE OF CONTENTS

Foreword 1

Regional Board Members 2

Municipal Health Representatives 3

Regional Health Department Staff 11

Philosophy of Health Region No. 10 13

Overall Goals of Health Region No.10 14

Report of Medical Health Officer 15

Vital Statistics and Communicable Disease 21

- Population 23
- Regional Board and Council-Structure and Organization 29
- Yorkton Health Region-Organization Chart 30
- Communicable Diseases 31
- Birth/Fertility Data 32
- Mortality 43

Director of Regional Support Services 49

Public Health Nursing 53

Public Health Inspection 60

Speech/Language Pathology 66

Early Childhood Psychology 72

Public Health Nutrition 78

Dental Health Education 84

Community Therapy 88

Chiropody 93

FOREWORD

This is the tenth Annual Review in this format, and completes documentation of the work and activities of this Region for the decade that has just ended. All staff look confidently towards the challenges of the 1990's, and realize that the pace of change will continue to accelerate, and that we have to be a part of creating that change rather than merely reacting to new situations and developments.

The philosophy and overall goals of Health Region No. 10 remain the same as in the previous year, but will be subject to continuing evaluation and change as circumstances dictate.

This report is respectfully submitted to the Board of the Yorkton-Melville Health Region.

REGIONAL BOARD MEMBERS - 1989

HEALTH DISTRICT NO. 1

Mr. Metro Wintonyk
P.O. Box 9
STORNOWAY, Sask.
S0A 3Z0 Telephone: 273-4736
(term expires April 1992)

HEALTH DISTRICT NO. 2

Mrs. Frances Korchinski
P.O. Box 128
HUBBARD, Sask.
S0A 1J0 Telephone: 795-2893
(term expires April 1990)

HEALTH DISTRICT NO. 3

Mrs. Beatrice Malach
P.O. Box 149
KILLALY, Sask.
S0A 1X0 Telephone: 748-2392
(term expires April 1992)

HEALTH DISTRICT NO. 4

Mr. John Gorchinski
3-16, R.R.#2
CANORA, Sask.
S0A 0L0 Telephone: 782-7393
(term expires April 1992)

HEALTH DISTRICT NO. 5

Mr. Edward Brezinski
P.O. Box 314
BUCHANAN, Sask.
S0A 0J0 Telephone: 592-2242
(term expires April 1992)

HEALTH DISTRICT NO. 6

Mr. Paul Stan
P.O. Box 431
FOAM LAKE, Sask.
S0A 1A0 Telephone: 272-4234
(term expires April 1990)

HEALTH DISTRICT NO. 7

Mr. Stanley Kyba
P.O. Box 122
YORKTON, Sask.
S3N 2V6 Telephone: 782-2283 (Business)
783-5221 (Home)
(term expires April 1992)

MUNICIPAL HEALTH REPRESENTATIVES - 1989

DISTRICT HEALTH COUNCIL NO. 1

NAME/ADDRESS/PHONE NUMBER	REPRESENTING
Mrs. Francis Smithson Box 66, Ebenezer, Sask. S0A 0T0 Phone: 782-7321	Village of Ebenezer
Mrs. Helen Tkachuk Box 47, Calder, Sask. S0A 0K0 Phone: 742-2158	Village of Calder
Mr. Don Laube Box 58, Springside, Sask. S0A 3V0 Phone: 792-2059	Village of Springside
Mrs. Joyce Bassingthwaite Box 117, Willowbrook, Sask. S0A 4P0 Phone: 782-6921	Village of Willowbrook
Mrs. Linda Davenport Box 152, Wroxton, Sask. S0A 4S0 Phone: 742-4269	Village of Wroxton
* Mr. Metro Wintonyk Box 9, Stornoway, Sask. S0A 3Z0 Phone: 273-4736	Village of Stornoway
Mr. John Stricker Box 119, Rhein, Sask. S0A 3K0 Phone: 273-2022	Village of Rhein
Mr. William Tkatchuk Calder, Sask. S0A 0K0 Phone: 742-2173	Calder R.M. #241
Mrs. Joyce Burkell Box 48, R.R.#1, Yorkton, Sask. S3N 2V3 Phone: 782-7112	Wallace R.M. #243
Mr. Harvey Grunert R.R.#2, Yorkton, Sask. S3N 2V4 Phone: 782-5905	Orkney R.M. #244

* Regional Board Member

Mrs. Florence Griffith
156 Betts Avenue, Yorkton, Sask. S3N 1M4 (also wishes to be notified re meetings)

DISTRICT HEALTH COUNCIL NO. 2

	NAME/ADDRESS/PHONE NUMBER	REPRESENTING
	Mr. Dave Tuba Box 2879, Melville, Sask. S0A 2P0 Phone: 728-3716	City of Melville
	Mr. Harry Kozakewich Box 578, Ituna, Sask. S0A 1N0 Phone: 795-2266	Town of Ituna
	Mr. Norman Schick Box 57, Duff, Sask. S0A 0S0 Phone: 728-3592	Village of Duff
	Mrs. Betty Ulmer Fenwood, Sask. S0A 0Y0 Phone: 728-3149	Village of Fenwood
	Mrs. Anne Elash Box 88, Goodeve, Sask. S0A 1C0 Phone: 876-2008	Village of Goodeve
*	Mrs. Frances Korchinski Box 128, Hubbard, Sask. S0A 1J0 Phone: 795-2893	Village of Hubbard
	Mr. Randy Kozak Insinger, Sask. S0A 1L0 Phone: 647-2415	Village of Insinger
	Mrs. Angeline Polegi Box 45, Jedburgh, Sask. S0A 1R0 Phone: 647-2748	Village of Jedburgh
	Ms. Marlene Dashney Box 130, Sheho, Sask. S0A 3T0 Phone: 849-2044 or 849-4627	Village of Sheho
	Mr. Bernard Woroniuk Box 246, Theodore, Sask. S0A 4C0 Phone: 647-2236	Village of Theodore
	Mr. Darryl Lane #11-336 Gladstone S., Yorkton, Sask. S3N 3C6 Phone: 783-3775	Cana R.M. #214
	Mr. Albert Steffan Box 1343, Melville, Sask. S0A 2P0 Phone: 728-3002	Stanley R.M. #215
	Mrs. Gloria Mandziak Goodeve, Sask. S0A 1C0 Phone: 795-2710	Tullymet R.M. #216
	Mr. Joe Kruda Willowbrook, Sask. S0A 4P0 Phone: 782-7235	Garry R.M. #245
	Mr. Terry Kozun Ituna, Sask. S0A 1N0 Phone: 795-2932	Ituna Bon Accord R.M. #246
	Mr. Alex Lastiwka Theodore, Sask. S0A 4C0 Phone: 647-2482	Insinger R.M. #275

* Regional Board Member

DISTRICT HEALTH COUNCIL NO. 3

	NAME/ADDRESS/PHONE NUMBER	REPRESENTING
	Mrs. Jean Thorsness Bredenbury, Sask. S0A 0H0 Phone: 898-2221	Town of Bredenbury
	Mrs. Marie Yanke Box 128, Churchbridge, Sask. S0A 0M0 Phone: 896-2281	Town of Churchbridge
	Mrs. Carol Unchulenko Box 734, Esterhazy, Sask. S0A 0X0 Phone: 745-2300 or 745-3973	Town of Esterhazy
	Mrs. Elna Bauming Box 734, Langenburg, Sask. S0A 2A0 Phone: 743-2225	Town of Langenburg
	Mrs. Cory Luhowy Lemberg, Sask. S0A 2B0 Phone: 335-2409	Town of Lemberg
	Mrs. Margaret Rushka Box 239, Saltcoats, Sask. S0A 3R0 Phone: 744-2325	Town of Saltcoats
	Mrs. Doreen D. Rausch Atwater, Sask. S0A 0C0 Phone: 745-3809	Village of Atwater
	Mrs. Eveline Johnson Bangor, Sask. S0A 0E0 Phone: 728-5356	Village of Bangor
	Mrs. Mary Nagy Box 69, Dubuc, Sask. S0A 0R0 Phone: 877-2046	Village of Dubuc
	Mrs. Janice Andrusiak Gen. Del., Gerald, Sask. S0A 1B0 Phone: 745-2116	Village of Gerald
	Mr. Fred Bogdan Box 155, Grayson, Sask. S0A 1E0 Phone: 794-2057 or 794-2022	Village of Grayson
*	Mrs. Beatrice Malach Box 149, Killaly, Sask. S0A 1X0 Phone: 748-2392	Village of Killaly
	Mrs. Lorraine Andres Box 142, MacNutt, Sask. S0A 2K0 Phone: 742-4209	Village of MacNutt
	Mr. Murray Hanowski Neudorf, Sask. S0A 2T0 Phone: 748-2254 or 748-2233	Village of Neudorf
	Mrs. Wanda Petracek Spy Hill, Sask. S0A 3W0 Phone: 534-2281	Village of Spy Hill

* Regional Board Member

——continued

DISTRICT HEALTH COUNCIL NO. 3 (continued)

Mrs. Shirley Drotar Stockholm, Sask. S0A 3Y0 Phone: 793-2152	Village of Stockholm
Mrs. Marienna Godwin Box 76, Tantallon, Sask. S0A 4B0 Phone: 643-2052	Village of Tantallon
Mrs. Doreen Cooper Box 2776, Melville, Sask. S0A 2P0 Phone: 728-5378	Village of Waldron
Ms. Mary Lynne Gillespie Yarbo, Sask. S0A 4V0 Phone: 745-3439	Village of Yarbo
Mrs. Ilene M. Thorpe Box 126, Spy Hill, Sask. S0A 3W0 Phone: 534-4565	Spy Hill R.M. #152
Mr. Otto Weiss Gerald, Sask. S0A 1B0 Phone: 745-2609	Langenburg R.M. #181
Mr. Lynn Johnson Box 427, Esterhazy, Sask. S0A 0X0 Phone: 745-2721	Fertile Belt R.M. #183
Mr. Harvey Mucha Box 1997, Melville, Sask. S0A 2P0 Phone: 728-5308	Grayson R.M. #184
Mr. John Douhaniuk Box 128, Killaly, Sask. S0A 1X0 Phone: 748-2386	McLeod R.M. #185
Mr. Leo Fuhr Langenburg, Sask. S0A 2A0 Phone: 743-5096	Churchbridge R.M. #211
Mrs. Verene Elmy Box 477, Saltcoats, Sask. S0A 3R0 Phone: 744-2779	Saltcoats R.M. #213

The following also wish to be notified re meetings:

Mrs. Ann Batycki
Box 136, Goodeve, Sask. S0A 1C0

Mrs. Dianne Lamontagne
Box 1531, Esterhazy, Sask. S0A 0X0

DISTRICT HEALTH COUNCIL NO. 4

NAME/ADDRESS/PHONE NUMBER	REPRESENTING
Mr. Glen Leson Box 1421, Canora, Sask. S0A 0L0 Phone: 563-6578(H) or (W) 563-5671	Town of Canora
Mr. Metro Kowalchuk Gen. Del., Kamsack, Sask. S0A 1S0 Phone: 542-2778	Town of Kamsack
Ms. Annette Shuki Box 206, Pelly, Sask. S0A 2Z0 Phone: 595-2084	Village of Pelly
Mrs. Rose Hamell Box 144, Togo, Sask. S0A 4E0 Phone: 597-2186 or 597-2114	Village of Togo
Mrs. Eva Moskal Box 160, Veregin, Sask. S0A 4H0 Phone: 542-4365 or 542-4338	Village of Veregin
Mr. Wilbert Filipchuk Box 217, Kamsack, Sask. S0A 1S0 Phone: 542-3319	Cote R.M. #271
* Mr. John Gorchinski 3-16, R.R.#2, Canora, Sask. S0A 0L0 Phone: 782-7393	Sliding Hills R.M.#273
Mr. Julius Dziaduck Box 81, Buchanan, Sask. S0A 0J0 Phone: 592-4705	Good Lake R.M. #274
Mr. Mike Mosiuk Box 1078, Kamsack, Sask. S0A 1S0 Phone: 542-3037	St. Phillips R.M. #301
Mrs. Nettie Gazdewich Box 53, Norquay, Sask. S0A 2V0 Phone: 594-2103	Keys R.M. #303

* Regional Board Member

DISTRICT HEALTH COUNCIL NO. 5

NAME/ADDRESS/PHONE NUMBER	REPRESENTING
Mrs. Beverley Strand Box 126, Sturgis, Sask. S0A 4A0 Phone: 548-2842	Town of Sturgis
Ms. Joyce Gulka Preeceville, Sask. S0A 3B0 Phone: 547-2888	Town of Preeceville
Ms. Linda Skomorowski Box 520, Norquay, Sask. S0A 2V0 Phone: 594-2266	Town of Norquay
Mrs. Pearl Marshall Arran, Sask. S0A 0B0 Phone: 595-4443	Village of Arran
* Mr. Edward Brezinski Box 314, Buchanan, Sask. S0A 0J0 Phone: 592-2242	Village of Buchanan
Mr. Orest Smuk Box 173, Endeavour, Sask. S0A 0W0 Phone: 547-3378	Village of Endeavour
Mr. Paul Chermcora Box 25, Hyas, Sask. S0A 1K0 Phone: 594-2936	Village of Hyas
Ms. Kathy Kaminski Box 127, Invermay, Sask. S0A 1M0 Phone: 593-2222	Village of Invermay
Mr. Matt Rogowsky Box 54, Lintlaw, Sask. S0A 2H0 Phone: 325-2022	Village of Lintlaw
Mr. Herb Kotyk Rama, Sask. S0A 3H0 Phone: 593-2068	Village of Rama
Mr. Ray Motilaga Box 27, Stenen, Sask. S0A 3X0	Village of Stenen
Mr. Marvin Boyko R.R. #1, 2-24, Canora, Sask. S0A 0L0 Phone: 563-5095	Buchanan R.M. #304
Mrs. Evelyn Laird Box 16, Sheho, Sask. S0A 3T0 Phone: 849-4645	Invermay R.M. #305
Mr. Adam Shevernoha Arran, Sask. S0A 0B0 Phone: 595-4787	Livingston R.M. #331
Mr. Mike Babiuk R.R.#1, Site 2, Box 4, Norquay, Sask. S0A 2V0 Phone: 594-2920	Clayton R.M. #333
Mr. William Jakubowski Box 148, Endeavour, Sask. S0A 0W0 Phone: 547-5490	Preeceville R.M. #334
Mrs. Loreen Last Lintlaw, Sask S0A 2H0 Phone: 325-2148	Hazel Dell R.M. #335

* Regional Board Member

DISTRICT HEALTH COUNCIL NO. 6

NAME/ADDRESS/PHONE NUMBER	REPRESENTING
Mr. Len Harasen Box 1317, Wynyard, Sask. S0A 4T0 Phone: 554-3024 or 554-2586	Town of Wynyard
Mrs. Jean Seidlik Box 412, Foam Lake, Sask. S0A 1A0 Phone: 272-3646	Town of Foam Lake
Mrs. Lana Bolt Box 142, Dafoe, Sask. S0K 1C0 Phone: 554-3250	Village of Dafoe
Terry Torgerson Elfros, Sask. S0A 0V0 Phone: 328-2070	Village of Elfros
Mr. Ernest George Box 95, Leslie, Sask. S0A 2E0 Phone: 272-3893	Village of Leslie
Mr. Fred Woitas West Bend, Sask. S0A 4M0 Phone: 272-4644	Village of West Bend
Mr. Albin Faye Box 87, Wishart, Sask. S0A 4R0 Phone: 576-2428	Village of Wishart
* Mr. Paul Stan Box 431, Foam Lake, Sask. S0A 1A0 Phone: 272-4234	Foam Lake R.M. #276
Mr. Gerald J. Faye Box 167, Wishart, Sask. S0A 4R0 Phone: 576-2297	Emerald R.M. #277
Mr. William Kereluke Box 237, Wadena, Sask. S0A 4J0 Phone: 338-2738	Elfros R.M. #307
Mrs. Karen L. Olafson Box 1312, Wynyard, Sask. S0A 4T0 Phone: 554-2927	Big Quill R.M. #308

* Regional Board Member

DISTRICT HEALTH COUNCIL NO. 7

NAME/ADDRESS/PHONE NUMBER	REPRESENTING
Mr. Stanley G. Kyba P.O. Box 122 Yorkton, Sask. S3N 2V6 Phone: (B) 782-2283 or (H) 783-5221	City of Yorkton

STAFF

Director and Medical Health Officer	- Dr. D.C. Watler
Director, Regional Support Services	- Mr. R. Jones
Senior Clerk Stenographer	- Mrs. M. Montain
Regional Nursing Supervisor	- Miss C. Kerr
Public Health Nurse II	- Mrs. V. Stewart
Senior Public Health Inspector	- Mr. A. Gazdewich
Public Health Nutritionist	- Mrs. M. Hornung
Speech/Language Pathologists	- Mrs. S. Bond-Moore - Mrs. L. Jones
Early Childhood Psychologist	- Dr. D. Parker-Loewen (resigned Feb. 3/89) - Mr. R. Cherland (commenced July 10/89)
Dental Health Educator	- Mrs. W. Griffith
Chiropodist	- Dr. A.N. Todd
Chiropody Assistant	- Mrs. K. Morgan
Community Therapists	- Miss S. Grywacheski, Yorkton - Mrs. F. Keil, Esterhazy - Mrs. E. Petrie, Preeceville
Audiologist	- Mr. E. Malazdrewicz (resigned August 4/89)

YORKTON

Clerk-Typist II	- Mrs. E. Deneschuk
Clerk-Typist II (part-time)	- Mrs. P. Duggan
Clerk-Typist II	- Mrs. D. Lovas (temporary)
Clerk-Stenographer II	- Miss D. Kahoot
Public Health Inspector Trainees	- Mr. W. Boychuk (resigned March 4/89) - Mr. G. Sheard - Mr. W. Milosevic

Yorkton

Mrs. B. Blenner-Hassett (commenced Maternity Leave Sept. 29/90)	Public Health Nurse I
Mrs. S. Kozicki	Public Health Nurse I
Mrs. D. Norman	Public Health Nurse I
Mrs. B. Rushowick	Public Health Nurse I
Mrs. J. Zahaik	Public Health Nurse I

Melville

Mrs. G. Walls	Clerk-Typist II (Part-time)
Mrs. M. DeBruin	Public Health Nurse I
Mrs. J. Oucharek	Public Health Nurse I
Mrs. D. Wotherspoon	Public Health Nurse I

Esterhazy

Mrs. L. Tochor	Public Health Nurse I
Mrs. V. Stumborg-Rosin	Public Health Nurse I
Mr. G. Combres	Public Health Inspector II

Canora

Mrs. D. Korol	Public Health Nurse I
Mrs. J. Roll	Public Health Nurse I

Kamsack

Mrs. D. Grywacheski (returned from Maternity Leave Oct./89)	Public Health Nurse I
Mrs. B. Broda (temporary vice Deb Grywacheski until Sept./89)	Public Health Nurse I
Mr. A. Rakochy	Public Health Inspector II

Preeceville

Mrs. M. Demetrow	Public Health Nurse I
Mrs. M. Sim (temporary vice D. Maksymiw effective Aug. 29/89)	Public Health Nurse I

Norquay

Mrs. P. Johnson	Public Health Nurse I

Foam Lake

Mrs. E. Halyk (commenced Maternity Leave January 1/89)	Public Health Nurse I
Mr. R. Fielding	Public Health Inspector II

PHILOSOPHY OF HEALTH REGION NO. 10

The potential ability to achieve total health is a basic human right and of paramount importance in making for a peaceful, productive, and well integrated community. Health means a dynamic state of well-being which is not only the absence of disease but also includes mental, emotional, social and spiritual components. Together, these make up the concept of total health. This healthy state is never static, but has to be maintained by continual satisfactory adaptation to the changing demands and stresses that occur in both the individual and in his total environment.

The health of the individual can never be independent of the health of the community or nation, since the physical, social and economic environments are critical determinants of total health.

OVERALL GOALS OF HEALTH REGION NO. 10

. To organize the resources available to achieve the highest possible level of total health for the greatest number.

. To promote, prevent, protect and restore the health of the community so that each individual is capable of realizing his maximum potential of total well-being.

. To prevent and alleviate the burden of ill-health not only on a community basis but also in individuals or group situations where applicable.

To achieve these goals, specific objectives with appropriate programs are delivered by the staff of the Health Region.

PREVENTION SERVICES

JOYCE ZAHAIK - PUBLIC HEALTH NURSE I, YORKTON
- talking about growth and development with mother and preschooler as part of our Passport to Health Program

BRANCH

REPORT OF THE DIRECTOR AND MEDICAL HEALTH OFFICER - Dr. D.C. Watler

The year that has just passed completes for me, one decade as Director and Medical Health Officer for this Region. In retrospect one can see many changes that have occurred over this time, and it is particularly pleasing to see the increasing emphasis being placed on disease prevention and health promotion. The increasing cost of health care with diminishing returns for money spent, is forcing the community and all levels of Government to focus more on prevention as a means of promoting health, and not merely responding to illness. To emphasize this changing emphasis, the Honourable Minister of Health made this statement in a recent speech: "We must remember that many things affect health...health care is only necessary when something has gone wrong to interrupt good health...We cannot continue to focus only on health-care services...Most factors affecting health are within our control, e.g. the physical and social environments, psychological factors, lifestyle choices, and the whole health-care system".

During the year in review the following highlights are worthy of mention:

In the late summer, Community Health Services Branch was divided into two branches: Community Health - Prevention Services Branch and Community Health - Treatment Services Branch, each with its own Executive Director and Staff. Community Health - Prevention Services Branch now provides more clearly identifiable preventive services through programs undertaken by Public Health Nurses, Public Health Inspectors, Early Childhood

Psychologist, Speech/Language Pathologists, Dental Health Educator and Nutritionist, and Community Health - Treatment Services Branch provides services through the Community Therapists and Chiropodist. Ms. Jane Knox assumed responsibilities as the new Executive Director of Community Health - Prevention Services Branch, and Mr. Joe Dvernichuk (previously Assistant Director of Community Health Services Branch) was appointed as Executive Director of the new Treatment Branch. The rationale behind this change was to highlight the more preventive services offered by the Branch, and to attract more resources in view of the changing and more favourable climate in Government in recognizing the need to support these services in more tangible ways than was evident in the past.

. A series of seminars was presented to all Government employees on "Serving People First" to explore ways in which efficiency, performance and service to the public could be improved through improved local organization and more involvement by field staff. Following this, committees were established and many recommendations made have been accepted.

. The question of space accommodation at the Regional Office became more acute during the year, as more staff became available, and accommodation had to be found for trainees, students, and those involved in the Everyone Wins program. Up to year end, this situation has not been satisfactorily resolved.

. The longstanding shortage of Public Health Inspectors ameliorated near the end of the year by the permanent appointment of a Public Health Inspector to cover the Yorkton area.

. Dr. Deborah Parker-Loewen, Early Childhood Psychologist in this Region for over ten years, resigned early in the year to take up duties as Director of Psychology at the Mental Health Centre and Mr. Rik Cherland took over that position some months later.

. In the summer, this Region began participating in the Sentinel Health Unit Enteric Disease Study (SHEDS). This is a federally co-ordinated research project hoping to more clearly identify etiological factors in the epidemiology of infectious diarrheas due to campylobacter infections and the E. Coli verotoxin producing bacteria (hemorrhagic colitis). Extensive questionnaires and investigations were undertaken by staff on all such cases, and feedback from Ottawa on results so far has kept our interest alive. This study will continue until July, 1990.

. Regular meetings of the Regional Board took place during the year, and two Regional Health Council Meetings were held in April and October. Interest and commitment were maintained with attendance at these meetings being 70 - 80% of all Municipal Health Representatives.

. There is increasing co-operation between the Yorkton Union Hospital and the Health Region, as the Hospital and the Region plan to co-ordinate more on various community projects such as: working together on displays; planning with Wascana to increase

out-patient service to clients, and to work together with the Centre for Agricultural Medicine at the University of Saskatchewan in their farm safety outreach program.

. The Nutritionist worked with others in the Province to develop a teaching manual called: "Eat Smart for Your Health". Workshops and presentations on this theme were presented, emphasizing particularly the importance of a suitable diet in preventing heart disease. More on this will be given in the Nutritionist's Report.

. The Public Health Nurses and Speech/Language Pathologists developed a new communication questionnaire screening tool, and evaluation of this was nearing completion at year end.

. There is increasing emphasis being given to Community Development and Primary Health Care in achieving health for all. Strengthening community health through strengthening communities is not a new concept, but its real meaning and potential are only beginning to be realized.

As far as more personal activities are concerned, the following are worthy of mention:

- for most of the year I gave Medical Health Officer coverage to either the Saskatoon Rural Health Region or the Prince Albert/Melfort Health Region or both. This necessitated considerable travelling, and extra responsibilities. At year end I was still having to provide this coverage to the Prince Albert/Melfort Health Region.

- a presentation on Sexually Transmitted Diseases was given to Physicians in the Region.

- eleven seminars on AIDS and universal precautions in health care facilities were given to community groups and hospitals.

- I continue to represent the Province and the Department of Health on two committees: as Medical Adviser to the Atomic Energy Control Board, and the Radiation Health and Safety Committee.

- after serving two years as Chairman of the Medical Advisory Committee to Community Health Services Branch, this position was routinely transferred to another Medical Health Officer during the year. I continued as a member of the Board of Directors of the Yorkton Unit of the Cancer Society and Vice-Chairman of the Medical Affairs Committee of the Saskatchewan Division of the Canadian Cancer Society.

We look forward to the challenges and changes of the next decade, as there is no doubt that the pace of change will accelerate, and lead to many new innovations and concepts. I am confident all our staff will be able to meet these challenges and continue to provide the highest possible professional services to all the residents of this Region, as we "work together for health and well-being".

I would like to thank all the members of the Board, and the Municipal Health Representatives for their support, commitment and help in providing community health services, and look forward to working with them in the future.

My thanks also to all the staff for their continuing professionalism, good-humour, and dedication in carrying out all their duties so responsibly and well.

In conclusion we would like to express our appreciation to all members of the news media who continue to help us provide health promoting educational messages to the community, and for their interest in relevant and appropriate health issues.

VITAL STATISTICS AND COMMUNICABLE DISEASES

Table I shows the total population of the Yorkton-Melville Health Region by age and sex as obtained from the mid-1989 SHSP compilation. Table 1a gives a comparison of age distribution in Health Region No. 10 for years 1980-1989, and Figure I illustrates this graphically. Table II shows the total Saskatchewan population at the same mid-year point. The totals for Health Region No. 10 and Saskatchewan were 79,435 and 1,036,832 respectively. The population of Registered Indians (R.I.) in the Region was stated to be 5,347 so that the Region's non-native population was 74,078 a decrease of 1.6% from 1988. The Registered Indian population increased by 4.2%.

Table III shows the total population changes in Health Region No. 10 and Saskatchewan from 1971-1989. The trend started in 1988 accelerated in 1989 with the Region and the Province showing the greatest loss in population since 1974. The increase in the elderly population over 65 continues for both the Province and the Region where this age group makes up 13.10% and 19.0% respectively. Saskatchewan continues to have the highest percentage of elderly in the country, and this Region the oldest population in the Province. If the Registered Indian population of 5,357 is excluded from this Region's total, the percentage of persons over 65, increases to 20.2%. This compares to 19.6% in 1988, indicating a continuing trend.

The Registered Indian population over 65 years of age, remained at 2.7%, the same as in 1988.

The significance of these demographic data has very important implications medically, socially and economically, and must be taken into account in planning future services.

Table IV shows the population breakdown of the Health Region by Health Districts. This is based on the SHSP mid-1989 population, and shows the disproportionate number of persons in the Districts. Efforts to redress this disparity have been made for many years with Municipal Health Representatives agreeing on a redistribution from as far back as 1984. For various reasons, however, there has been no official confirmation of this proposed redistribution, but more recently there is hope that some action may soon be taken.

Comparison of populations in the various municipalities with a similar study done in 1980 (see 1980 Annual Report) is interesting and is shown in Table V. From this it can be seen that the two cities together (Yorkton and Melville) have shown a very small increase, but that the towns, villages and rural municipalities have shown a progressively a significant decrease. Overall there is an increase in the urban population, and this is what is to be expected as the rural to urban population shift occurs, and more recently the out-of-province migration.

Figure II shows the organization of the Regional Board and Council and Figure III the organizational chart for the Region for the first 8 months of the year. In the latter 4 months this changed, as the Saskatchewan Hearing Aid Plan, Chiropody and Community Therapy programs were transferred to the new Community Health

TABLE 1

POPULATION BY AGE GROUP AND PERCENTAGE
YORKTON-MELVILLE HEALTH REGION - 1989

AGE GROUP	MALE	PERCENTAGE OF TOTAL POPULATION	FEMALE	PERCENTAGE OF TOTAL POPULATION	TOTAL	PERCENTAGE OF TOTAL
0 - 4	2668	3.35	2638	3.32	5306	6.67
5 - 9	2976	3.74	2933	3.69	5909	7.43
10 - 14	3028	3.81	2954	3.71	5982	7.53
15 - 19	3146	3.96	3028	3.81	6174	7.77
20 - 24	3008	3.78	2488	3.13	5496	6.91
25 - 29	2747	3.45	2590	3.26	5337	6.71
30 - 34	2792	3.51	2502	3.14	5294	6.66
35 - 39	2572	3.23	2362	2.97	4934	6.21
40 - 44	2149	2.70	2142	2.69	4291	5.40
45 - 49	1938	2.43	1902	2.39	3840	4.83
50 - 54	1795	2.25	1855	2.33	3650	4.59
55 - 59	1916	2.41	1941	2.44	3857	4.85
60 - 64	2156	2.71	2124	2.67	4280	5.38
65 - 69	2158	2.71	2215	2.78	4373	5.50
70 - 74	1858	2.33	2021	2.54	3879	4.88
75 - 79	1491	1.87	1798	2.26	3289	4.14
80 - 84	872	1.09	1129	1.42	2001	2.51
85 - 89	467	0.58	611	0.76	1078	1.35
90+	172	0.21	293	0.36	465	0.58
TOTAL	39,909	50.25	39,526	49.75	79,435	100.00

Total Population: 79,435

Total Youth Dependency Ratio: .365

Total Aged Dependency Ratio: .320

Total Dependency Ratio: .685

Population < 15 years of age: 21.65%

Population > 65 years of age: 18.99%

Male to Female Ratio of Population: 1.010:1

The total dependency ratio gives a measure of the proportion of active persons in potential productive labour i.e. it is the ratio of all persons 15 years and under plus those 65 years and over divided by the population between 15 and 64 years old.

For Health Region No. 10, this ratio is higher than the provincial total owing to the greater number of dependent persons 65 years and over.

POPULATION COMPARISONS BY AGE GROUP
HEALTH REGION NO. 10 - 1980 - 1989

TABLE 1a

AGE GROUP	1980 TOTAL POPULATION	1980 PERCENTAGE	1989 TOTAL POPULATION	1989 PERCENTAGE
0 - 9	12305	14.7	11215	14.1
10 - 19	15378	18.4	12156	15.3
20 - 29	11952	14.3	10833	13.6
30 - 39	8578	10.3	10228	12.9
40 - 49	7907	9.5	8131	10.2
50 - 59	9459	11.3	7507	9.5
60 - 69	9306	11.1	8653	10.9
70 - 79	6054	7.2	7168	9.0
80 +	2632	3.1	3544	4.5
TOTALS	83571		79435	

	1980	1989
Total Dependency Ratio	0.65	0.69
Population < 15 years	23.40%	21.70%
Population > 65 years	15.00%	19.00%
Percentage-Male Population	51.02%	50.25%
Percentage-Female Population	48.98%	49.75%

Figure 1

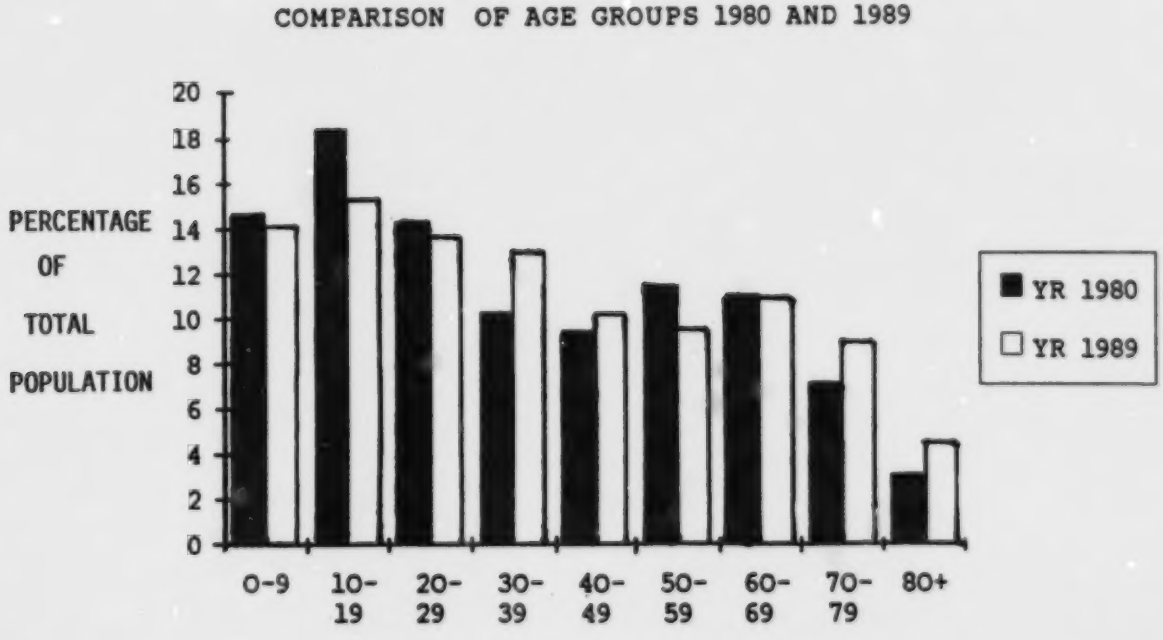


TABLE II

POPULATION BY AGE GROUP - SASKATCHEWAN - 1989

AGE GROUP	MALE	FEMALE	TOTAL
0 - 4	42937	40830	83767
5 - 9	43337	41489	84826
10 - 14	40830	38963	79793
15 - 19	39721	38142	77863
20 - 24	41467	38956	80423
25 - 29	46609	45139	91748
30 - 34	45016	42923	87939
35 - 39	38242	36078	74320
40 - 44	30784	29070	60454
45 - 49	24225	23707	47932
50 - 54	21904	21534	43438
55 - 59	22103	22098	44201
60 - 64	21552	22301	43823
65 - 69	19997	21913	31910
70 - 74	16222	19221	35443
75 - 79	12003	15559	27562
80 - 84	7335	10196	17531
85 - 89	3699	5566	9265
90+	1520	3104	4624
TOTALS:	519473	517389	1036832

Total Population: 1036832
Total Youth Dependency Ratio: .381
Total Aged Dependency Ratio: .209
Total Dependency Ratio: .590
Population <15 years of age: 23.96%
Population > 65 years of age: 13.15%
Male to Female ratio of population: 1:004:1

TABLE III

POPULATION CHANGES IN SASKATCHEWAN AND
HEALTH REGION NO. 10 (1971-1989)

(SHSP Covered Population Including Registered Indians)

YEARS	TOTAL POPULATION		PERCENTAGE CHANGE		PERCENTAGE OF POPULATION 65 YEARS AND OLDER		
	H.R.#10	SASK.	H.R.#10	SASK.	H.R.#10	SASK.	CANADA (STATS.Can.)
1971	86,039	938,527					
1972	86,867	934,607	+1.0	-0.4			
1973	85,236	923,181	-1.9	-1.2			
1974	84,126	922,487	-1.3	-0.1			
1975	84,381	931,921	+0.3	+1.0			
1976	85,099	949,463	+0.9	+1.9			
1977	85,242	961,526	+0.2	+1.3	14.3	11.0	
1978	84,838	970,510	-0.5	+0.9	14.8	11.2	9.1+
1979	84,442	976,734	-0.5	+0.6	15.4	11.4	
1980	83,571	982,237	-1.0	+0.6	15.9	11.6	
1981	82,952	990,746	-0.7	+0.9	16.3	11.8	9.7*
1982	83,332	1,000,667	+0.5	+1.0	16.6	11.9	
1983	83,154	1,014,496	-0.2	+1.4	16.8	12.0	10.0+
1984	82,881	1,028,965	-0.3	+1.4	17.2	12.0	
1985	82,262	1,039,249	-0.7	+1.0	17.6	12.3	
1986	81,776	1,041,358	-0.6	+0.2	17.8	12.4	10.7**
1987	81,258	1,045,440	-0.6	+0.4	18.2	12.6	
1988	80,442	1,044,151	-1.0	-0.1	18.5	12.8	
1989	79,435	1,036,832	-1.3	-0.7	19.0	13.1	11.3***
Overall Change (1971-1989)			-7.7	+10.5			

\+ Estimates from Census Data

* 1981 Census

** 1986 Census

*** Estimates from the 1986 Census (Stats. Canada)

TABLE IV

POPULATION DISTRIBUTION - HEALTH DISTRICTS

YORKTON-MELVILLE HEALTH REGION - 1989

HEALTH DISTRICT	CITIES	TOWNS	VILLAGES	RURAL MUNICIPALITIES
No. 1 Population: 4812			Ebenezer (183) Calder (150) Springside (594) Willowbrook (56) Wroxton (63) Stornoway (14) Rhein (251)	Calder #241 (694) Wallace #243 (1048) Orkney #244 (1759)
No. 2 Population: 11,634	Melville (5223)	Ituna (857)	Duff (61) Fenwood (88) Goodeve (90) Hubbard (76) Insinger (32) Jedburgh (22) Sheho (239) Theodore (449)	Cana #214 (1127) Stanley #215 (883) Tullymet #216 (375) Garry #245 (720) Ituna Bon Accord #246 (713) Insinger #275 (679)
No. 3 Population: 15,443		Bredenbury(468) Churchbridge (1044) Esterhazy (3139) Langenburg (9299) Lemberg (416) Saltcoats (601)	Atwater (46) Bangor (66) Dubuc (108) Gerald (206) Grayson (281) Killaly (120) MacNutt (117) Neudorf (404) Spy Hill (332) Stockholm (399) Tantallon (163) Waldron (39) Yarbo (135)	Spy Hill #152 (569) Langenburg #181 (898) Fertile Belt #183 (1144) Grayson #184 (794) McLeod #185 (739) Churchbridge #211 (1024) Saltcoats #213 (892)
No. 4 Population: 8,938		Canora (2569) Kamsack (2433)	Pelly (390) Togo (165) Veregin (128)	Cote #271 (716) Sliding Hills #273 (825) Good Lake #274 (690) St. Phillips #301 (457) Keys #303 (565)
No. 5 Population: 9,822		Sturgis (742) Preeceville (1285) Norquay (572)	Arran (77) Buchanan (382) Endeavour (178) Hyas 167) Invermay (360) Lintlaw (237) Rama (125) Stenen (149)	Buchanan #304 (740) Invermay #305 (651) Livingston #331 (604) Clayton #333 (1085) Preeceville #334 (1445) Hazel Dell #335 (1023)
No. 6 Population: 7,429		Wynyard (2187) Foam Lake (1443)	Bafoe (24) Elfros (189) Leslie (56) West Bend (19) Wishart (202)	Foam Lake #276 (982) Emerald #277 (806) Elfros #307 (683) Big Quill #308 (838)
No. 7 Population:	Yorkton 16,000			
TOTALS:	21,223	19,055	7,632	26,168

TABLE V

COMPARISON OF POPULATION DISTRIBUTION

YORKTON-MELVILLE HEALTH REGION

1980-1989

	1980	1989	PERCENTAGE CHANGE 1980 - 1989
CITIES	20,732	21,223	+ 2.4
TOWNS	19,717	19,055	- 3.4
VILLAGES	8,305	7,632	- 8.1
R.M.'s	30,826	26,168	-15.1
INDIANS	3,991	5,357	+34.2
TOTALS:	83,571	79,435	-4.9
PERCENTAGE URBAN i.e. Cities, Towns or Villages	58.3%	60.3%	

FIGURE II

REGIONAL BOARD AND COUNCIL
STRUCTURE AND ORGANIZATION

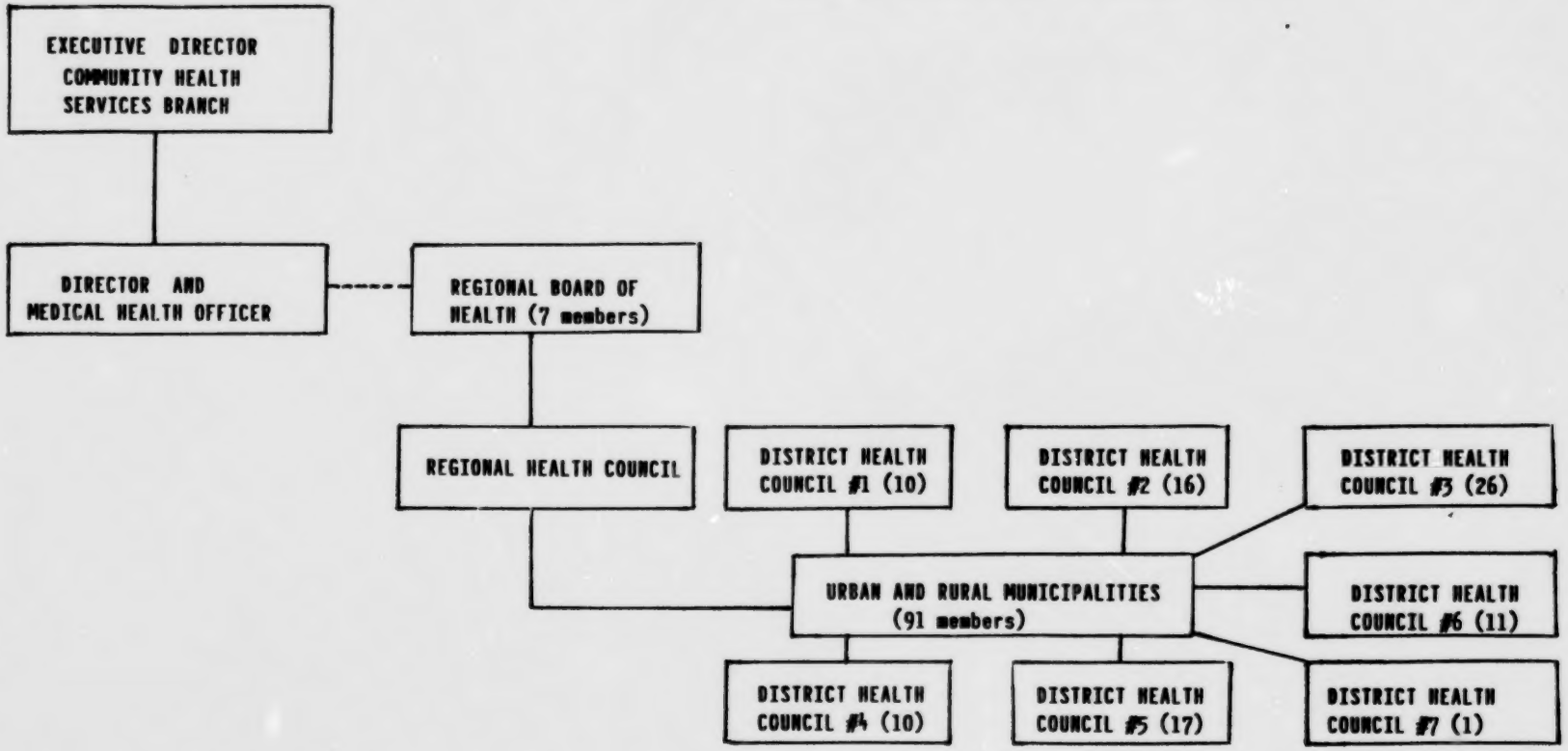
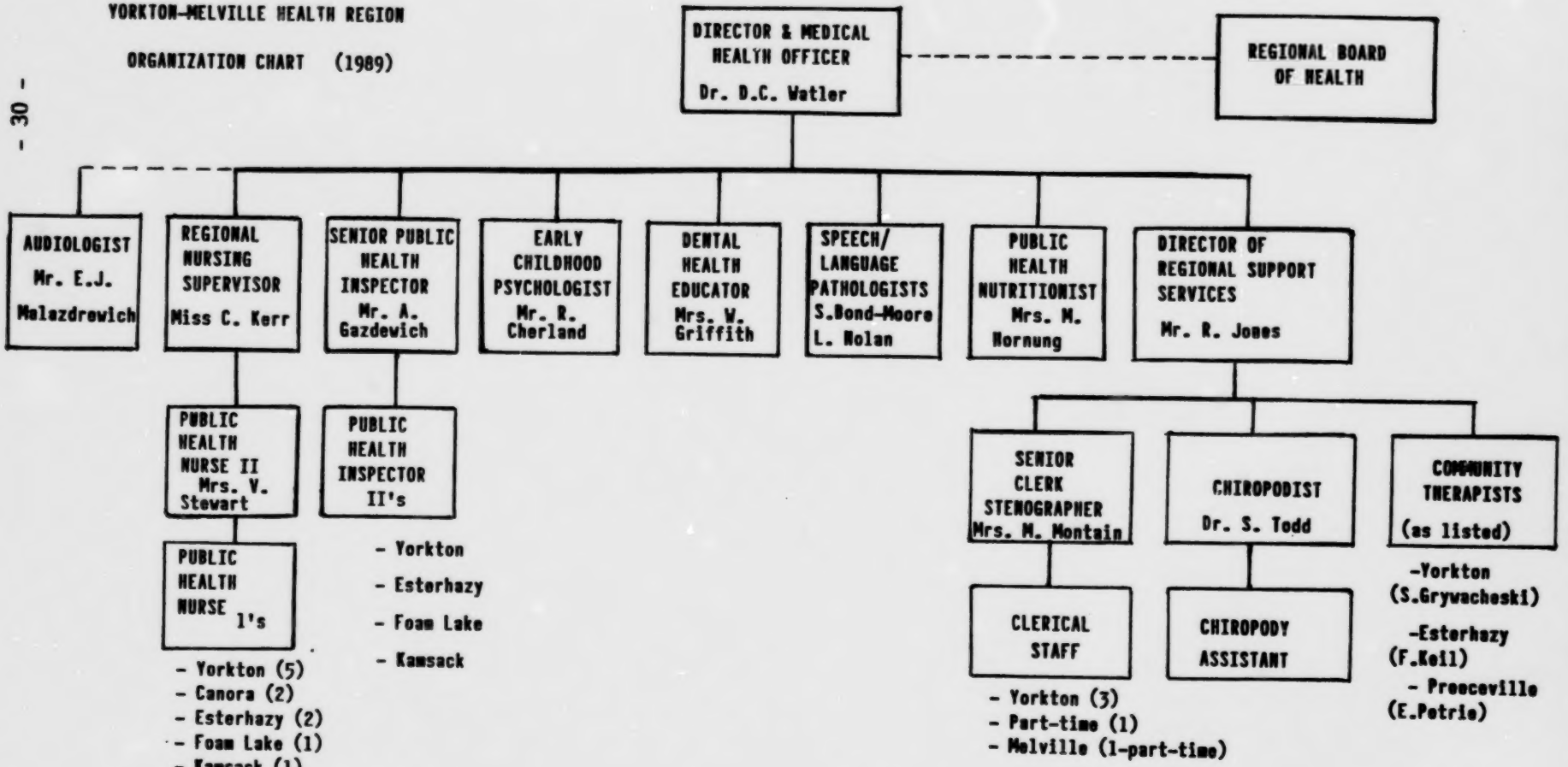


Figure III

YORKTON-MELVILLE HEALTH REGION

ORGANIZATION CHART (1989)



COMMUNICABLE DISEASES

Table VI shows the incidence of certain communicable diseases in the Health Region from 1976 - 1989.

Sexually Transmitted Diseases:

Gonorrhoea: The number of cases reported in 1989 shows a slight increase from 1988, but no conclusion can be drawn from this, as the total numbers are small, and such yearly fluctuations cannot be regarded as significant.

Chlamydial urogenital infections: There was a decrease of cases reported as chlamydiazyme reactive in 1989, and of the 34 reported, 27 were regarded as true positives, and 7 as false negatives. The gold standard for diagnosis of chlamydial urogenital infections is culture identification, but in no cases during the year was culture requested. Although the chlamydiazyme test (a nonculture enzyme linked immuno-assay) is very accurate, it will give many false positives if the patient is asymptomatic and the pretest likelihood of the condition being present is low. The conclusion of seven cases being regarded as false negatives is based on the fact of physicians not confirming the finding as a true STD (in 3 cases), and 4 cases where specimens were taken from the vagina.
For reliability, specimens must be taken from the cervix, so those four cases where a vaginal swab was taken (and reported positive) were regarded as false positives.

Of the 27 cases regarded as true chlamydial infections:

- the sex distribution was 14 male, 13 female
- 56% occurred in patients younger than 24; and 44% in those 25 years and over
- 14 of the total 27 cases had contacts identified by the physician and those physicians traced and treated the contacts (52%).
- 11 cases did not have a contact named or the patient refused to name a contact
- 2 cases had contacts named by the physician and were satisfactorily traced by Public Health Nurses

VIRAL HEPATITIS: Hepatitis A remained at its current endemic level, and no cases of Hepatitis B, Hepatitis B carriers or Hepatitis nonA nonB were reported during the year.

SALMONELLOSIS: There was a significant increase in the number of cases occurring during the year, and largely responsible for this was an outbreak of foodpoisoning due to salmonella that occurred in the fall. This is the first foodborne outbreak of disease from any bacteria that has occurred in the Region since 1983.

Most of the affected cases resided outside of the Region, with some outside the Province and others even outside the Country. In all, 47 persons became ill with epidemiological evidence pointing to a common source. Of these 47 cases, 14 had bacteriological confirmation with salmonella being found in their stool.

Unfortunately the Public Health Department was only notified of the outbreak 10 days after the incident and it was impossible to confirm any specific food that had been eaten. An interesting feature of this outbreak was that approximately one-half of affected persons had one type of salmonella in their stools, while the other half had a different type; these were: salmonella hadar and salmonella typhimurium. Two persons had both types in their stools at the same time. In many persons, the illness was quite severe, and often with bloody diarrhoea. As far as is known - four cases were hospitalized; there were no deaths. This outbreak emphasizes the importance of foodborne diseases not only in this province but also through North America. The great majority of these outbreaks are never reported, and investigated, but it has been estimated that a total of some 2 million cases of foodborne disease occur annually in Canada due to various pathogenic enteric organisms. The occurrence of this outbreak in the Region in 1989 indicates that there is a continuing need for all foodhandlers to be properly educated about safe foodhandling practices and to maintain a high standard of operation at all times.

The salmonella serotypes responsible for all cases during the year were as follows:

Salmonella typhimurium - 14

Salmonella hadar - 10

Salmonella thompson - 2

Salmonella newport - 2

Salmonella panama - 1

Salmonella tennessee - 1

Salmonella agona - 1

Salmonella heidelberg - 1

Salmonella St. Paul - 1

Salmonella enteritidis - 1

This makes a total of 34 serotypes isolated from 32 patients; in 2 patients both Salmonella typhimurium and Salmonella hadar were isolated at the same time.

MEASLES: The low endemic level since the 1986 outbreak was maintained during the year in the Region and Province, but outbreaks occurred in some other provinces. This emphasizes the need to maintain high immunization levels, and to continuously evaluate the current recommended immunization schedule. As a result of these analyses, there have been certain changes in the immunization schedule recommended by expert groups in Canada and the United States.

RUBELLA: More cases were reported during the year than had been the case for a long time. This increase was also noted in the province and in most parts of Canada. Most of the cases were in teenaged boys who had not been vaccinated against rubella owing to the policy prior to 1979 of only immunizing girls at age 11. Since 1979 both boys and girls are given the vaccine when one year old, so this cohort of susceptible teenage boys should be disappearing in a few years.

GIARDIASIS: A considerable number of these cases occurred again in 1989, and it begins to appear that there may really be a true increase not only in the Region, but also in the country. In 1989, nine of the 54 cases gave histories of drinking surface water from lakes while on holiday, and in one instance 4 persons were affected from one particular source. In the other cases, no source was suspected, but we continue to believe that chronic asymptomatic carriers and domestic pets make up the reservoir from which the infection spreads to the susceptibles.

CAMPYLOBACTERIOSIS: The number of cases were down from the previous year, but no conclusion can be drawn from this about any possible decrease in campylobacter infection. Of the 16 cases reported, three had been drinking unpasteurized milk; all the other cases were sporadic and a source not identified or suspected.

VIRAL GASTROENTERITIS: Confirmation of this type of infectious diarrhoea is down from the previous year, but no conclusion can be drawn from this . The types of virus incriminated were:

Enteric adenovirus - 28

Rotavirus - 16

Other enteroviruses - 13

Picornavirus - 7

These infections are not usually severe, and are often passed off as the "gastric flu", so that many persons do not consult a doctor. Most cases of viral gastroenteritis occur in infants and children.

OTHER COMMUNICABLE DISEASES - Not tabulated:

PERTUSSIS (Whooping Cough): One case was confirmed in the Region during 1989, and is the first such case in many years. Some increase in pertussis cases are being recorded nationally and provincially, as in 1989 there were 70 cases in the province compared to 57 in 1988. As pertussis is largely prevented by immunization, these findings indicate the need to maximize the use of the pertussis vaccine in the immunization schedule.

HEMORRHAGIC COLITIS (due to certain toxic strain of E.Coli):

Three cases of gastrointestinal infection from this cause occurred in 1989. This is a more recently identified cause of infectious diarrhoea - apparently largely due to the eating of improperly cooked ground meat, especially in hamburgers. Accordingly some persons have named the condition "hamburger disease" .

This condition is definitely on the increase and in the province as a whole 116 cases were confirmed in 1989. This infection can lead to serious complications in about 5-10% of all cases, and there is a need to educate people more about preventive measures to protect them from the disease.

INFLUENZA: Seven cases were confirmed by laboratory tests during the year, six from influenza type A, and one from type B. This is the usual endemic level, but no doubt some unknown number of extra cases had occurred that were not ill enough to see a doctor, or the diagnosis was not confirmed by laboratory testing. During the fall of 1989, all Regions in the province were provided with considerable more influenza vaccine than before, and this was distributed by Public Health free of charge to physicians for all their patients falling within certain specified high risk groups.

ACUTE EPIGLOTTITIS: One case occurred during the year due to Haemophilus influenza type b bacteria. These cases are acute medical emergencies owing to the breathing problems caused.

CHLAMYDIAL CONJUNCTIVITIS: One case of conjunctivitis due to chlamydia occurred during the year and this was confirmed by culture.

Rabies: Table VII gives information about the reporting of rabies incidents for the years 1985-1989. This table has been shortened to exclude certain other investigations of animals that so far have failed to show evidence of rabies. As in previous years, the skunk was the animal most likely to be rabid, but the prevalence of the disease in this animal appeared less in 1989, most probably due to the cyclical incidence of rabies in skunks.

Rabies, however, is a constant threat, and remains endemic in the Region. A particular concern is the large number of stray cats that bite and/or scratch children who approach these animals to pet them. Usually these cats are never caught, and prophylactic vaccine has to be given to persons exposed in this way. Parents must continually warn their children not to approach stray animals, and it would be very helpful if municipalities would more seriously consider the passing of bylaws to control stray cats.

Once again, the Federal Veterinarian and his staff cooperated fully with the Department during the year, in quarantining or examining suspect animals. The assistance and expertise they provide are greatly appreciated.

Table VIII shows a comparison of incidence rates of certain notifiable Communicable Diseases between Health Region No. 10, Saskatchewan and Canada for the years (1984-1989).

Certain trends are interesting, but, as usual, caution is advised in drawing any definite conclusions.

Rheumatic Fever Prophylaxis Program:

At the end of the year 60 cases remain on the program; 5 were discharged, and 2 admitted. A review of all cases on this program will be undertaken during the next year, as such periodic reviews are necessary to ensure that those on the program meet the approved criteria.

TABLE VI

INCIDENCE OF CERTAIN COMMUNICABLE DISEASES - HEALTH REGION NO. 10

1976 - 1989

DISEASE	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989
Gonorrhoea	56	46	35	24	31	38	29	27	24	32	23	24	7	10
Syphilis	4	5	4	0	1	1	0	0	2	3	1	3	3	1
Hepatitis A	0	11	1	5	6	2	4	4	90	83	17	4	2	4
Hepatitis B			1	1	1	1	0	0	0	8	2	2	7	0
Hepatitis nonA nonB									2	2	5	1	2	0
Salmonellosis	18	7	10	23	14	15	7	93	21	16	25	17	17	32
Measles	22	26	14	68	39	5	0	0	0	6	69	8	2	1
Rubella	0	0	1	17	8	0	0	0	0	0	1	0	0	5
Pulmonary Tuberculosis	21	2	3	1	11	5	2	2	1	9	2	1	2	1
Shigellosis (Bacillary Dysentery)				2	13	33	8	1	4	1	41	3	3	0
Meningitis				11	8	17	13	4	4	4	3	5	5	0
Giardiasis							8	13	38	46	46	58	42	54
Campylobacter infection									5	13	19	23	27	16
Viral Gastroenteritis									40	62	40	61	114	64
Chlamydiazyme reactive												57	63	34

TABLE VII

RABIES - 1985 - 1989

SPECIES	NUMBER EXAMINED					NUMBER POSITIVE					PERCENT POSITIVE					POSITIVE ANIMALS WITH CONFIRMED HUMAN EXPOSURE OR BITE				
	1985	1986	1987	1988	1989	1985	1986	1987	1988	1989	1985	1986	1987	1988	1989	1985	1986	1987	1988	1989
Skunk	7	10	100	17	6	5	7	23	15	6	71	70	23	88	100	-	-	-	-	1
Cat	13	18	32	24	10	-	2	2	2	-	-	11	6	8	-	-	1	-	1	-
Dog	20	14	18	12	15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bovine	3	14	16	5	1	-	2	-	-	-	-	14	-	-	-	-	-	-	-	-
Coyote	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Porcupine	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Fox	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Goat	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Racoon	-	-	13	1	-	-	-	1	-	-	-	-	8	-	-	-	-	-	-	-
Gopher	1	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bat	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Others	5	4	11	5	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	50	62	199	66	33	5	11	26	18	6	10.0	17.7	13.1	27.3	18.2	-	1	-	1	1

In 1989:

14 cases received post exposure vaccine
6 - from exposure to stray cats
1 - ground hog which escaped
1 - dog which escaped
1 - Unknown small animal
4 - skunk (exposure to a rabid skunk)
1 - muskrat which escaped

Table VIII

COMPARISON OF INCIDENCE RATES OF CERTAIN COMMUNICABLE DISEASES

1984-1989 RATES / 100,000 POPULATION

DISEASE	1984			1985			1986			1987			1988			1989		
	HEALTH REGION #10	SASKATCHEWAN	CANADA	HEALTH REGION #10	SASKATCHEWAN	CANADA	HEALTH REGION #10	SASKATCHEWAN	CANADA	HEALTH REGION #10	SASKATCHEWAN	CANADA	HEALTH REGION #10	SASKATCHEWAN	CANADA *	HEALTH REGION #10	SASKATCHEWAN	CANADA +
Gonorrhoea	29.0	176.0	169.0	38.9	182.6	149.4	28.1	166.8	133.0	29.5	170.6	105.0	8.7	126.8	70.1	12.6	94.5	
Syphilis	2.4	2.7	11.6	3.6	1.8	8.5	1.2	0.4	8.0	3.7	0.6	8.2	3.7	0.9	6.2	1.3	0.6	
Hepatitis A	108.6	75.5	9.6	100.9	83.1	9.7	20.8	27.6	5.2	4.9	11.9	3.8	2.5	10.5	5.3	5.0	12.6	
Hepatitis B	0	18.8	7.0	9.7	13.8	7.9	2.5	12.3	8.3	2.5	16.8	9.4	8.7	12.4	7.7	0	12.5	
Salmonellosis	25.3	48.1	43.3	19.4	19.1	29.6	30.6	30.4	38.9	20.9	35.8	42.5	21.1	30.0	37.2	40.3	50.0	
Measles	0	0.9	16.4	7.3	1.1	10.9	84.4	39.6	58.8	9.8	8.9	8.2	2.5	1.6	2.1	1.3	1.4	
Rubella	0	3.0	7.2	0	2.6	9.0	1.2	22.1	9.3	0	3.2	4.4	0	0.7	1.9	6.3	13.0	
Pulmonary Tuberculosis	1.2	10.1	7.7	13.4	11.9	6.4	2.5	8.6	6.1	1.2	12.4	6.2	2.5	10.7	6.3	1.3	16.5	
Shigellosis	4.8	31.5	7.9	1.2	24.2	4.9	50.1	48.3	5.5	3.7	23.0	5.1	3.7	17.6	6.2	0	26.9	
Giardiasis	45.8	24.7	26.2	55.9	20.7	28.0	56.3	26.5	32.2	71.4	64.6	33.8	52.2	74.1	31.7	68.0	77.0	
Campylobacter							23.2	25.4	38.1	28.3	35.5	39.3	33.6	28.3	36.0	20.1	28.4	

* Based on estimated mid-year population 1988 - 25,911,800 (Statistics Canada).

\+ Not available

OTHER VITAL STATISTICAL DATA

Fertility Data:

Table IX shows births, birth rates and total fertility rates (TFR) from 1961-1989 for the Health Region and the Province. The total births are down slightly in both the Health Region and the Province but the birth rates and TFRs remain stable - probably due to the fact that there has been a reduction in the total population for the Province and the Region. 18.5% of all births in Health Region No. 10 occurred to unmarried females; for the Province it was 27%. In the Region for females aged 15-19, 77.8% of births were to unmarried females, and for the Province it was 85.9%. This showed no change for the province compared to 1988, but for the Region there was a reduction in the percentage of births to unmarried females in this age group. (83.5% in 1988; 77.8% in 1989). It is too early to tell if this change is significant.

Mortality Data:

Table X shows infant mortality for the years 1961-1989. The preliminary figures for 1989 show a considerable improvement in the indices for 1989 both for the Region and the Province. However, as the numbers are small no definite conclusion from this can yet be made, and the trend over a number of years is a more significant indicator.

Of the three cases of infant deaths in 1989:-

- Two occurred during the first day of life; one from very low birth weight and prematurity, and the other from a severe congenital disease of the lung incompatible with life.
- One occurred from the Sudden Infant Death Syndrome at 5 1/2 months.

Total Number of Deaths:

There were 831 deaths in the Region in 1989 and 7861 in the Province - little change from the previous year. The two commonest causes of death remain cardiovascular diseases (heart disease and stroke) and malignant neoplasms (Cancers). A comparison of preliminary data from 1988 and 1989 is shown in Table XI.

The table shows that cardiovascular disease and cancers continue to account for the majority of deaths in both the Province and Region. The percentage and overall death rates appear somewhat higher in the Region, but this is due to the older population in the Region. Age adjusted statistics would show approximately the same rates.

Potential Years of Life Lost (PYLL). This statistic represents the number of years of life lost due to premature death before the age of 70. It is an important index, as it shows that, - although cardiovascular diseases and cancer are the commonest causes of death - certain other causes that affect younger people are responsible for the loss of many years of potential life, and most of these conditions are largely preventable. The latest data gives this information for the province for 1987 and in summary shows the following:

CONDITION	POTENTIAL YEARS OF LIFE LOST
1. Accidents (unintentional injuries)	14,372
2. Cancers	9,791
3. Heart Diseases	5,643
4. Perinatal Mortality	4,309
5. Suicides	3,998
6. Strokes	820
7. Pneumonias	639
Others	13,932
Total	53,504

This ranking of conditions causing PYLL is almost exactly the same as national data from the whole country, and from the United States as well. In future reports we will try to update these figures for Health Region No. 10 and the Province, and therefore be able to monitor any changing trends.

TABLE II

BIRTH AND TOTAL FERTILITY RATES (TFR) FOR HEALTH REGION NO. 10 and SASKATCHEWAN

1961-1989

	HEALTH REGION NO. 10			SASKATCHEWAN		
YEAR	TOTAL LIVE BIRTHS	BIRTHRATE	TOTAL FERTILITY RATE	TOTAL LIVE BIRTHS	BIRTHRATE	TOTAL FERTILITY RATE
1961	1674	20.7	-	23994	25.9	4,221
1975	1078	13.2	-	15265	16.8	2,219
1976	1135	13.7	-	15969	17.3	2,301
1977	1155	13.6	2,148	16547	17.7	2,267
1978	1151	13.6	2,109	16551	17.5	2,202
1979	1160	13.7	2,107	16977	17.7	2,193
1980	1149	13.7	2,097	17116	17.6	2,144
1981	1163	14.0	2,120	17300	17.8	2,143
1982	1124	13.4	2,013	17759	17.7	2,170
1983	1158	13.9	2,043	17847	17.6	-
1984	1063	12.8	1,900	18014	17.5	2,108
1985	1125	13.7	2,047	18162	17.5	2,094
1986	1062	13.0	1,952	17513	16.8	1,986
1987	923	11.5	1,723	17034	16.3	1,954
1988*	915	11.4	1,741	16700	16.0	1,947
1989*	913	11.5	1,787	16572	16.0	1,994

Definition: Total Fertility Rate represents the average number of children that would be born to women if they survive through their reproductive years and bear children in accordance with the age specific fertility rates observed in a given year. A total fertility rate of 2,100 is just the population replacement level and means that the average number of children born to a hypothetical cohort of women is 2.1. As more males are born than females this corresponds approximately to a gross reproductive rate of 1,000 which means 1 female child per family.
Birth Rate is the number of live births per 1,000 population. This is a less reliable indicator of fertility as it does not take into account the age differences in the child bearing population.

- Not available
* Provisional Figures

TABLE X INFANT MORTALITY DATA, HEALTH REGION NO. 10, COMPARED WITH SASKATCHEWAN

YEAR	HEALTH REGION NO. 10						SASKATCHEWAN					
	Infant Deaths < 1 Year	Infant Mortality Rate	Neonatal Deaths	Neonatal Mortality Rate	Perinatal Deaths	Perinatal Mortality Rate	Infant Deaths < 1 Year	Infant Mortality Rate	Neonatal Deaths	Neonatal Mortality Rate	Perinatal Deaths	Perinatal Mortality Rate
1961	43	25.7	23	13.7	-	-	618	25.8	395	16.5	-	-
1974	21	18.9	17	15.3	-	-	313	20.7	191	12.6	341	22.3
1975	12	11.1	7	6.5	-	-	272	17.8	164	10.7	280	18.2
1976	9	7.9	7	6.2	-	-	229	14.3	139	8.7	269	16.7
1977	14	12.1	9	7.8	-	-	249	15.0	156	9.4	295	17.7
1978	13	11.6	7	6.1	-	-	236	14.3	151	9.1	274	16.4
1979	14	11.2	10	8.6	18	15.4	189	11.4	121	7.1	242	14.2
1980	11	9.7	6	5.2	13	11.2	193	11.3	102	6.0	221	12.9
1981	14	12.0	9	7.9	18	15.4	203	11.8	112	6.5	230	13.3
1982	5	4.5	2	1.8	7	6.3	181	10.2	110	6.1	191	10.7
1983	9	7.8	3	2.6	10	8.7	177	9.9	102	5.7	185	10.3
1984	14	13.2	6	5.6	12	11.2	169	9.4	101	5.6	214	11.8
1985	5	4.4	1	0.9	12	10.6	200	11.0	123	6.8	207	11.3
1986	7	6.7	4	3.9	10	9.6	157	9.0	95	5.4	145	8.3
1987	7	7.7	3	3.3	10	10.8	155	9.1	87	5.1	163	9.5
1988*	7	7.7	5	5.5	6	6.5	140	8.4	85	5.1	123	7.3
1989*	3	3.3	2	2.2	3	3.3	129	7.9	79	4.8	114	6.9

* Provisional Figures - Not available

TABLE XI

COMPARISON OF PRELIMINARY DATA
1988 and 1989
HEALTH REGION NO. 10 and SASKATCHEWAN

	HEALTH REGION NO. 10		SASKATCHEWAN	
	1988	1989	1988	1989
Total number of deaths	796	831	8084	7861
Deaths due to CVD	361	397	3236	3185
Deaths due to Cancer	209	201	1974	1840
Percentage due to CVD	45%	47.8%	40.0%	40.5%
Percentage due to Cancer	26%	24.2%	24.4%	23.4%
Crude Death Rate per 1,000 population	9.9	10.5	7.7	7.6

CVD = Cardiovascular disease (heart disease and stroke)

REPORT OF THE DIRECTOR, REGIONAL SUPPORT SERVICES

- Mr. R. Jones

This report, the second annual report of the Director of Regional Support Services, is respectfully submitted to the Yorkton-Melville Regional Board of Health.

SERVICES TO THE BOARD; I was encouraged by another productive year working with the Yorkton-Melville Regional Board of Health. Aspects that are particularly impressive are the continual high turn-out at the Council meetings, the co-operation, and the input from all Council Members. The Regional Board must be doing something right; congratulations to Mr. Metro Wintonyk for his election to Chairman of the Regional Board of Health for another term.

During December, I took the opportunity to do T.V. Health Topic on "The Role and The Responsibilities of the Municipal Health Representative". It is hoped we can get a taping of this to show at our next Council meeting.

EVERYONE WINS SUMMER PROGRAM: During 1989 the "Everyone Wins" program entered new areas of health promotion. Although these areas were not the program responsibility of our Branch, we worked very close with some very dedicated young individuals over the summer.

The Director of Regional Support Services and staff were assigned administrative duties in support of the four summer students.

Space, telephones, furniture, supplies and vehicles were provided over the four month period, as well as clerical support.

The four summer students were: Sandra Rushka (Team Leader), Alynn Adolph, Laurie Deneschuk, Roger Roscoe.

The objective of the program was "to extend the visibility of `Everyone Wins` to communities throughout the Province."

To do that, these ambassadors manned displays at summer fairs and other events, gave presentations to schools, libraries and seniors groups, and local media events.

In Yorkton their contribution to the Participaction Challenge was acknowledged by the City.

PROCUREMENT ACTIONS - 1989: With a new budget year started in 1989, we lost little time going ahead with some much needed updating. Three eight to ten year old IBM typewriters were replaced with 30K electronic memory typewriters.

We started a refrigerator replacement program for district offices that will be given high priority in 1990. Several of the district office refrigerators were purchased in 1958, and some consideration is being given to smaller energy efficient units.

More and more audio-visual programs are available on VCR/VHS tapes, much cheaper, newer and more topics. The first TV/VHS combination for this office was received in November.

The most important acquisition of 1989 was the receipt of our IBM System 2 Computer in December.

SPACE AND ACCOMMODATION: An official space and accommodation study of our Regional Office revealed what we suspected for some time: that is, current space is inadequate to meet office and program standards. The timing of the study gave little time to react as there is no space available in this office complex for expansion. During the year, we fought space crisis after space crisis through our Regional Office space committee, that has worked together to come up with some very good ideas to use our space wisely.

Our strategy became unclear as the Branch became two Branches in October and other options were proposed for accommodation by both Branches.

The final initiative in our space requirements will hopefully be complete in 1990 with the accommodation of both Branches in adequate, well-organized space.

SERVING PEOPLE FIRST: In addition to facilitating workshops to introduce this program to five other work units of Saskatchewan Health, I have been working with Dr. Watler to implement approved projects submitted by our Region's Systems Committee.

An initiative that has taken on a provincial scope was a report submitted in June 1989 on enhancing support services to regions by using local purchase orders. No word was received as either rejecting or accepting this proposal.

1990 LOOKING FORWARD: Most objectives identified in last year's report were met; with one exception. Saskatchewan Property Management Corporation and Sask Tel are still negotiating on the implementation of a new system for all provincial government offices in Melville.

NEW OBJECTIVES;

- Gain the most advantage in the use of the Computer System.
- Finalize adequate accommodation for the Regional Office according to the space review conducted and approved in 1989.

REPORT OF THE PUBLIC HEALTH NURSING PROGRAM

- Miss C. Kerr

The Public Health Nurses of Yorkton-Melville Health Region continue to serve their communities and districts with enthusiasm and dedication. A wide-range of services and programs are provided for all groups from expectant parents to seniors. The following review highlights the Public Health Nursing activities for 1989.

Our staff numbers remained constant during 1989. There were, however, four maternity leaves: Edith Halyk, Public Health Nurse I, Foam Lake; Doris Maksymiw, Public Health Nurse I, Preeceville; Debra Grywacheski, Public Health Nurse I, Kamsack and Bonnie Blenner-Hassett, Public Health Nurse I, Yorkton. The time off for each leave varied from six months to one year. We are pleased that we were successful in our appeals to recruit Public Health Nurses and were able to temporarily fill three out of the four vacant positions. Nursing services are, or were being provided by Maggie Sim, Public Health Nurse I, Preeceville and Barbara Broda, Public Health Nurse I, Kamsack.

PASSPORT TO HEALTH PROGRAM:

This program provides a number of health promotion and prevention services for infants and children from newborn to age four years. Public Health Nurses deliver this program at Child Health Conferences (CHC) located at 31 points throughout our Health Region.

In 1989, 6588 visits were made to Child Health Conferences for the purpose of screening for health or development problems, immunization, counselling and referrals.

A new Speech/Language Screening Questionnaire for 3-year-olds was developed in 1988, and our Health Region was one of two regions to successfully pilot it. The questionnaire was implemented Provincially in April, 1989. This questionnaire is simpler to administer than the previous tool used, and allows for greater nursing judgment. It has been well received by the Public Health Nurses. The questionnaire is now being evaluated based on data collected from April 1st, 1989 to December 31st, 1989.

The Vision Screening Program evaluation resulted in the following recommendations by the Vision Screening Committee:

1). discontinue cover-uncover test, as it did not prove to be an accurate procedure.

2). replace Illiterate E Charts with the HOTV symbols to eliminate the chance that children are failing due to directional difficulties.

All children at four years of age are routinely screened at Child Health Conference for refractive errors (myopia and astigmatism) as well as strabismus and amblyopia. Early identification of these problems will prevent or minimize long-term vision disabilities.

SCHOOL SERVICES:

The Public Health Nurses continue to play an important role in our school system. They participate in the school health curriculum in a variety of ways including presenting educational programs on a variety of health topics, counselling students as required, and serving as a resource person for school personnel and students.

Immunization to students of targeted age groups provides protection against specific communicable diseases.

Cases of pediculosis (head lice) and scabies continued to occur sporadically throughout the Health Region in 1989. Although not considered a serious health concern, these infections require considerable nursing time for screening and follow-up.

The protocol for controlling pediculosis is currently under review. Increased community involvement will be sought through education programs designed to acquaint parents with the identification, treatment and control of head lice. This will enable parents to be comfortable and assume responsibility for this aspect of their children's health. Successful implementation of a new protocol would eliminate the traditional method of mass classroom screening.

A Vision Screening Program targeted at six and nine year olds was introduced in January, 1989. These two ages are known to be critical for identification of vision problems.

This program and the Preschool Vision Program are under evaluation in 1990. Effective evaluation will involve the co-operation of eye care specialists in providing data from their test results.

PREGNANT ADOLESCENT PROGRAM:

Saskatchewan has one of the highest teen pregnancy rates in Canada. An adolescent, who is pregnant, is at-risk for specific health problems, as well as at-risk for interruption of education and negative social implications. In April, 1989 a Support Program for Pregnant Adolescents was introduced Provincially.

Early identification of the pregnant adolescent allows the Public Health Nurse to provide her with prenatal information, counselling and access to service. Our department has worked closely with Social Services, Education and Saskatchewan Medical Association to improve co-ordinated delivery of service.

During 1989 there were 74 births to adolescent mothers in our Region of which 58 were to unmarried girls. Since implementation of the program, eight adolescents have been provided services. We continue to develop ways and means of increasing early identification of pregnant adolescents.

COMMUNICABLE DISEASE FOLLOW-UP:

Communicable disease control is a priority within the Health Region. The investigation, education, and follow-up related to communicable disease control was carried out by Public Health Nurses. This can include phone contacts, as well as home visits, or visits to other institutions such as daycare centres, schools, to ensure that the disease is contained and proper treatment received.

In July our Health Region agreed to participate in the National Sentinel Health Unit Enteric Disease Study (SHEDS). This is a Federally co-ordinated research effort to collect data on Campylobacter and E. Coli 0157:H7. All identified cases are followed-up by either the Public Health Nurse or Public Health Inspector, completing an extensive questionnaire. This study will take place over a year.

EDUCATION, STUDENT EXPERIENCE AND INSERVICE:

Continuing Education for Public Health Nurses in Practice was held for one week in May with five Public Health Nurses attending. The theme for 1989-90-91 is **"PROMOTING THE HEALTH OF CHILDREN AND ADOLESCENTS IN THE FAMILY CONTEXT"**. The program is well developed with knowledgeable and experienced resource speakers. The Public Health Nurses find it is an important and rewarding learning opportunity, providing fresh ideas and insight useful in their work in the community.

Our Health Region continues to participate in field experience for student nurses from the College of Nursing, University of Saskatchewan. Four students were here for four weeks in June, each working under the direction of a Public Health Nurse. Two post-basic R.N. Degree students were also present in the Health Region for two weeks' practicum. The Public Health Nurses were able to provide observational experience for students, as well as an opportunity to work independently in some activities.

Both staff and students have found the time to be an interesting and valuable learning experience.

Our Branch continues to look at ways to enhance the quality of our service delivery in order to meet the changing needs of the community. Two programs offered in 1989, **"SERVING PEOPLE FIRST"** and **"PEAK PERFORMANCE"** aimed at meeting this need. The Public Health Nurses all participated in the two programs and found them to be worthwhile experiences.

The Public Health Nurses continued to offer the routine programs of Child Health Conferences, Prenatal Classes, Communicable Disease Contol, provision of Special Needs and Respiratory, and follow-up school health and home visits in all areas of the Health Region. In providing these services, the Public Health Nurses often work closely with other community agencies and take part in a variety of activities focused on improved community knowledge and practice.

I would like to express my appreciation to all the Public Health Nurses for their support and excellent work throughout the year.

Thank you to Dr. Watler, Medical Health Officer, the clerical staff and various disciplines for their continued support and co-operation.

STATISTICAL INFORMATION - PUBLIC HEALTH NURSING

	1987	1988	1989
Number of Nursing Days	3894	3688	3253
Home Visits	4682	3904	3293
Total Contacts Made			7611
Prenatal Program			
Home Visits	147	117	102
Number of Classes	155	140	124
Total Attendance:			
Mothers	1023	917	794
Fathers/Coaches			
Postnatal Program			
Home Visits	787	771	707
Preschool Health Service			
No. of CHC Appointments Available	9530	8693	8449
No. of CHC Appointments Made	8293	7530	7550
No. of CHC Appointments Kept	6775	5921	5888
No. of CHC Appointments Not Kept	1518	1688	1662
Infant Immunization			
Primary DPT			2328
Primary OPV			2357
Primary DT			17
Primary DPT Polio			19
Preschoolers			
DPT (18 months & 4 years)			1481
OPV			1543
DT			36
DPT Polio			16
MMR			808
Hib			673
School Health			
Immunization: DPT, DT, Td	1635	846*	1285
OPV	1642	853*	1232
MMR	417	207**	179
Students Seen			1824
Home Visits To:			
Adults Over 65	1125	1169	1164
Adults Under 65	1014	956	686
SAIL Home Visits: Respiratory			751
Special Needs Equipment			351
Communicable Disease Follow-Up	215	427	125
Referrals To Other Agencies			730

* Reduced numbers of DPT, OPV in 1988 reflect the completed change from 15-year-old boosters to 14-years of age.

** MMR to school age 11-year-old girls are fewer because of routine MMR at 1 year of age.

REPORT OF THE PUBLIC HEALTH INSPECTION PROGRAM
- Mr. A. Gazdewich

During 1989 the Public Health Inspection Program continued to strive to make our communities a healthier and safer place in which to live. This was accomplished through the implementation of education programs, routine inspections and consultations, as well as enforcement of existing regulations.

STAFF: there has been a number of Public Health Inspection personnel changes since my last report. Mr. Warren Boychuk joined our Region and completed his field training in late 1989. He left in February, 1989 to move to a health unit in Alberta.

Two second year Public Health Inspectin students, Mr. Garth Sheard and Mr. William Milosevic, took their field training this past summer in this Region.

We were pleased to have Mr. Dalton Melenchuk accept the Public Health Inspection position for the Yorkton district in November, 1989. Mr. Melenchuk is a 1989 Graduate of British Columbia Institute of Technology., and in the short time he has been with the Region, he has enthusiastically completed inspections and given adequate coverage to the area.

Mr. Nick Catchuk, retired Public Health Inspector, returned to work for four months during the summer, and provided inspectional coverage to facilities that our regular staff could not reach because time restraints did not permit inspections due to staff shortage within the Region.

PROGRAM HIGHLIGHTS: Our basic inspection program again gave priority to facilities that require Permits or Licence to Operate. Inspection of facilities such as stores, barbershops, beauty parlours, and schools were restricted to situations where previous inspections showed major deficiencies or where requests and/or complaints were received.

The continual growing interest in recreation and sports has meant more of the inspector's time has been spent on ensuring that the sanitation and safety standards at rinks, parks, playground, and swimming pool facilities were maintained.

Shoreland Development areas continue to demand services such as surveys to update existing records, as well as to promote compliance of Provincial and Local Bylaw requirements for private sewage disposal systems and safe water supplies.

The preparation and serving of food for public consumption is one of our essential services. A foodborne illness incident involving an eating establishment in our Region this past summer is a good reminder for all of the importance of training staff involved in the food industry to ensure a safe service. It also identified again the need for having a diagnosed foodborne illness reported immediately to the authorities having to investigate the incident. The delay in receiving the report in the Region resulted in no food samples being available for analysis to identify and confirm the food that caused the foodborne illness.

The Public Health Inspectors participated in the Sentinel Health Unit Enteric Disease Study (SHEDS). It is a comprehensive study of Campylobacter and E. Coli 0157:H7 in relation to food poisoning. This involved completion of a questionnaire which dealt with the course of the clinical illness, possible risk factors for infection, food consumption and preparation habit information.

The unsatisfactory environmental condition reported in the past where a resident in an urban centre permitted the roosting of approximately 200 pigeons in his residence has finally been resolved. Despite local council's tireless effort in enforcing local bylaw by legal action,and the Health Region staff obtaining warrant to permit inspection of private residence, and attending court as witnesses, the results were disappointing. However, in December, 1989 a fire completely destroyed the residence and it is fortunate that no one was injured in the accident.

The Regulations governing Plumbing and Drainage have been amended to permit the Department to establish and retain a portion of the plumbing fees collected for providing a plumbing inspection service. Numerous investigations resulting from complaints about non-complying private sewage disposal systems were completed. We are pleased that the necessary corrective work has been completed on the majority of them to meet the necessary regulatory requirements.

Our educational programs continue to be well received in the Region. We would like to thank members of the Regional Board for their assistance in promoting and organizing the National Sanitation Training Programs in various communities, resulting in very successful programs. There were seven such courses conducted with a total attendance of 223.

A Level I Swimming Pool Course was conducted in Yorkton with a total attendance of 20.

The Think Clean Program continues to be promoted for staff working in institutional food preparation and serving areas.

All Public Health Inspectors attended the "Peak Performance" and "Serving People First" inservices held during 1989.

Roger Fielding, Public Health Inspector, Foam Lake, attended the Public Health Inspector Inservice Program in Saskatoon in March, 1989.

I would like to thank the Public Health Inspectors for their cooperation and again the extra effort required to provide inspectional coverage while being short-staffed.

On behalf of the Public Health Inspectors, I would like to thank Dr. Watler, Medical Health Officer, the clerical saff, and the other disciplines in the Region for their continued support.

STATISTICAL ACTIVITY REPORT - 1989

FACILITY - (Related Services)

	TIME SPENT (Hours)				PERCENTAGE
	No. Field Visits	Field Visits	Consultation	Formal Insp.	TOTAL TIME SPENT	GRAND TOTAL TIME
Eating Establishments	750	448	250	269	967	10.46
Food Distribution	120	93	97	67	257	2.78
Food Processing	76	71	98	54	223	2.41
Liquor Outlets	47	35	41	36	112	1.21
Communal Water Systems	3	1	7	0	8	0.09
Private Water Supply	30	23	154	0	177	1.92
Public Water Supply	19	12	28	1	41	0.44
Communal Sewage System	4	3	7	0	10	0.11
Private Sewage System	48	44	110	0	154	1.67
Public Sewage System	2	2	4	4	6	0.06
Solid Waste Disposal	15	7	9	0	16	0.17
Liquid Waste Transport	73	64	51	0	115	1.24
Hospitals	5	4	4	0	8	0.09
Schools	22	30	56	17	103	1.11
Institutions	28	31	28	24	83	0.89
Housing	103	89	118	0	207	2.24
Mobile Home Parks	2	2	16	4	22	0.23
Trailer Courts	6	5	5	2	12	0.12
Hotels	35	24	31	37	92	0.99
Motels	11	8	10	12	30	0.32
Industrial Facilities	7	4	8	1	13	0.14
Swimming Pools	99	92	90	44	226	2.45
Agricultural Facilities	6	6	10	0	16	0.18
Personal Service Facilities	9	8	26	1	35	0.38
Recreational Facilities	303	232	125	44	401	4.35
Public Facilities	82	64	76	2	142	1.54
Plumbing	502	343	240	0	583	6.32
Investigations	165	207	97	0	304	3.30
TOTAL FACILITY RELATED SERVICES	2572	1952	1796	615	4363	47.20

STATISTICAL REPORT (continued)

		TIME SPENT (HOURS)	PERCENTAGE TOTAL
GENERAL SERVICES			
	Travel	1384	14.98
	Meetings	257	2.78
	Surveys	61	0.66
	Monitoring	50	0.54
	Training Courses	369	3.99
	Other	97	1.05
	Total General Services	2218	24.00
OFFICE SERVICES			
	Projects	154	1.67
	Staff Meetings	264	2.86
	Staff Development	408	4.41
	General Administration	1835	19.86
	Total Office Services	2661	28.80
SUMMARY - TIME SPENT			
	Facility-Related Services	4363	47.20
	General Services	2218	24.00
	Office Services	2661	28.80
	GRAND TOTALS:	9242	100.00

REPORT OF THE SPEECH/LANGUAGE PATHOLOGY PROGRAM

- Mrs. S. Bond-Moore
- Mrs. L. Jones

The Speech/Language Pathologists of Yorkton-Melville Health Region, under the supervision of Dr. Watler, Medical Health Officer, are responsible for planning, organizing, and implementing speech and/or language remediation problems for preschool children, and adults.

The purpose of the Speech/Language Pathology Program is to provide leadership in the early identification, early intervention, and prevention of communicative disorders. Acceptable program activities, broadly stated, include:

1) diagnostic, direct and indirect therapeutic, counselling, and consultative services, primarily to the preschool population;

2) preventive programs in the form of public awareness of communication processes and disorders to encourage early detection and intervention of communicative difficulties and to foster normal development;

3) professional development to enhance clinical knowledge and skills in providing a high quality service to clients and the community;

4) participation in research programs designed to benefit the communicatively handicapped in Saskatchewan.

The type of communication problems could fall into one or several of the following categories:

1) speech - distortion, omission or sound substitution.

2) language - difficulty in receiving, processing, interpreting, integrating, organizing, formulating or expressing symbolic information.

3) voice - disturbances in vocal intensity, quality and resonance.

4) fluency - repetition, prolongation of sound, syllables, words or phrases.

At the present time, there are 15 Speech/Language Pathologists employed in Community Health Services Prevention Branch. Yorkton-Melville Health Region has been fortunate to have the on-going services of two Speech/Language Pathologists since the Fall of 1983, while other regions have not been as fortunate.

In January, 1986, the last four components of the Preschool Core Services Program were implemented in the Health Regions. One of these components was the Communication Screening Program. During the calendar year 1986, data was collected on the program and early in 1987 an evaluation report on the program was written. In brief, the report identified a number of problems which required either further investigation and/or development of an action plan. Upon review of the report, the Executive Director of the Branch struck a committee to further investigate the Communication Screening Program and prepare a report by October 31, 1987.

The committee presented their report to the Executive Director in October, 1987 and he gave his approval to the following recommendations:

1) that a questionnaire to screen the Speech/Language skills of three year olds be developed.

2) that along with the questionnaire, referral criteria, and a data collection format be developed.

3) that a schedule for field testing the questionnaire, orientation of staff, and launching the questionnaire be developed.

4) that the roles of the Speech/Language Pathologists and Nursing personnel in orientation, monitoring, and evaluation be defined.

5) that a framework for evaluation of the questionnaire with particular reference to reliability and validity be developed.

6) that a preliminary report to the Executive Director be prepared by June 30th, 1988, and a final evaluation be prepared by September 30th, 1990.

The COMMUNICATION QUESTIONNAIRE (CQ) was field tested in both the Yorkton-Melville Health Region and the Saskatoon Rural Health Region during the months of August - November, 1988.

During December, 1988 and January, 1989 the committee collated the data, revised the questionnaire and recommended that the CQ be implemented Provincially. The Executive Director approved the recommendation.

In January, 1989 the Speech/Language Pathologists and the Public Health Nursing Supervisory staff in the other Health Regions participated in a CQ orientation program. The Public Health Nurses in all Health Regions were orientated to the revised CQ during February and March, 1989 and the CQ was implemented Provincially in April, 1989.

The Public Health Nursing staff used the CQ as part of their Core Screening Program with all three year olds. Those children who did not pass the CQ screen were referred to the Speech/Language Pathologist for assessment and follow-up. The Public Health Nurses collected CQ data from April to December, 1989. The Speech/Language Pathologists will complete their assessment of all referrals based on the CQ and will complete their data collection by the end of March, 1990.

The Communication Questionnaire Committee will begin its review of the data and the Public Health Nurses and Speech/Language Pathologists comments/recommendations beginning in April, 1990. The Committee will prepare a report and subsequent recommendations to be presented to the Executive Director by September, 1990.

Saskatchewan Health, Community Health Services Branch started offering Adult Intensive Stuttering Clinics in 1986. Since February, 1986 five clinics have been held. The clinic is a comprehensive, residential program designed to assist adult stutterers improve their fluency skills. Each clinic has two Speech/Language Pathologists working with six adult stutterers.

The Intensive Clinics are based on Dr. Ernie Boberg's program out of Edmonton. During their two-week stay, participants are taught specific fluency skills at progressive speaking rates. They use these skills in a variety of speaking situations with familiar and unfamiliar people.

In October, 1989 Lori Jones was one of the participating Speech/Language Pathologists. The October clinic also had an adult stutterer from the Yorkton-Melville Health Region. This particular person had a dysfluency rate of over 20% initially. At the end of the clinic he left with less than 1% dysfluency, as did all participants. Prior to attending all participants agree to one year of follow-up therapy in their home region after the clinic. This follow-up ensures that the improvements made during the intensive clinic are maintained. Saskatchewan Health plans to continue serving this population by holding regular (yearly) clinics.

In the upcoming year, Sharon Bond-Moore and Lori Jones, plan to continue to provide diagnostic and remedial communication services to preschool children and adults. Emphasis will be placed on increasing family involvement in the remediation process.

SPEECH/LANGUAGE PATHOLOGY STATISTICS - 1989

		PRESCHOOL	SCHOOL-AGE	ADULT	TOTAL
SOURCE OF NEW REFERRALS	PHN Referral (from 3 Year Core Screen)	98			98
	All other PHN Referrals	80			80
	Early Childhood Psych.	4			4
	Physician	4		2	6
	SHAP	2			2
	Parent	8			8
	Other	22		12	34
	TOTAL	218	0	14	232
DIAGNOSIS	Articulation	134			134
	Language	34		9	43
	Voice	3		5	8
	Fluency	3		4	7
	Associated Conditions	1		2	3
	Normal	10		0	10
	TOTAL	185	0	20	205
REASON FOR DISCHARGE	Initial Assessment Normal	11			11
	Treatment Goals Reached	57	3	8	68
	Transferred	63	4		67
	Moved	7		1	8
	Service Refused	50		2	52
	Other	29		10	39
	TOTAL	217	7	21	245
NUMBER OF CLIENTS SEEN FOR REVIEW		303	0	2	305
MONTHLY AVERAGE OF CLIENTS SEEN FOR TREATMENT		29	2	4	35

REPORT OF THE EARLY CHILDHCOD PSYCHOLOGY PROGRAM

- Mr. R. Cherland

It is not easy to raise a child. Most children encounter some troubled times as they struggle to grow and learn new skills. Parents and children with birth difficulties, specific developmental problems or handicaps can find it even harder to learn and grow. Unfortunately, 12-15% of school aged children have been found to experience serious problems of a developmental nature. For that reason, it is very important to provide help to children and their parents as early as possible.

Community Health's Early Childhood Psychology (ECP) Service provides help to parents and children having trouble learning, growing and mastering basic skills. The Early Childhood Psychologist helps identify a child's skills, and behavior deficits or areas of concern, clarifies needs, makes program or training recommendations and provides support where possible to a child, parents or others involved with the child. Working together with other Health Region staff, Early Childhood Intervention and Daycare staff, and in co-ordination with other medical and service agencies, an effort is made to ameliorate, and if possible, prevent developmental problems from limiting a child's growth.

After Dr. D. Parker-Loewen left for a new position at the Yorkton Mental Health Centre, a six month vacancy occurred. I was honoured to be invited to become part of the staff servicing the Yorkton-Melville Health Region.

In the beginning, some time was needed for my re-orientation to the Health Region's system, my role as an Early Childhood Psychologist and the variety of services and agencies in this part of the province. Also, I was privileged to attend an excellent two-day Saskatchewan Educational Psychology Association Conference, to gain additional information on dealing with children's behaviour disorders.

Dr. Parker-Loewen left her casework very well organized. This made it very easy to begin follow-up casework. Due to the excellent support of other Health Region staff, 95 sessions with children and their parents were held despite the vacancy. Further information on the work accomplished can be obtained from the activities detailed in the tables attached to my report.

As I become more settled into the Health Region and my work as an Early Childhood Psychologist, I hope to expand my efforts to help children and their parents in a variety of ways. Casework and consultation will continue to be a primary focus so increased service and support can be offered to children where concerns exist. I plan to add to my casework diagnostic and programming skills with children by learning one new assessment format in 1990. Since parents in various communities have expressed a desire to find out additional methods of raising children, I will consult with other field staff and provide sessions for parenting education, in a few communities.

A review of the handout and pamphlet information offered to parents who have specific concerns about developmental or behavioural problems, i.e. play, temper tantrums, etc. is needed. In consultation with the Public Health Nurses, I will work to up-date and harmonize this material for supporting parents' efforts in dealing with common problems children experience.

Finally, I would like to explore additional ways of working with medical staff, physicians and hospital personnel, especially in rural areas. Expanding these professionals' awareness of childen's developmental needs and parents' concerns can lead to earlier identification and use of the resources available when problems are anticipated. Having these directions in sight, I look forward to a hectic new year and decade.

EARLY CHILDHOOD PSYCHOLOGY

SUMMARY OF CLIENT SERVICES (1989)

Total Active Caseload (As of December 31st, 1989)	97
Average Number of Children Seen For Direct Services Per Month (1989)	15.8*
Average Age of Children Seen For Direct Services	3.1
Total Number of Children Provided With Direct Services (Initial Assessment & Follow-up, 1989)	95

* ECP Service Only Available for Six Months Due to Staffing Change.

EARLY CHILDHOOD PSYCHOLOGY

Details of Early Childhood Psychologist Activities

	Average of Percent Of Total Time		
	1989	1988*	1987
Casework/Case Management	63.6	48.7	51.9
General Consultation	4.2	5.5)	11.9
E.C.P. Participation	3.3	4.9)	
Public Education	.7	7.5	8.7
Research	0.	2.3	6.6
In-Service	2.8	1.3)	5.2
Professional Updating	7.0	2.4)	
Travel	9.2	14.3	9.7
Administration	9.2	11.5*	6.0

* Appointed as ECP Central Office Liaison Person for this Year.

EARLY CHILDHOOD PSYCHOLOGY

Details of Source of New Referrals to ECP

SOURCE OF REFERRAL	1989*	1988	1987
Public Health Nurse	32	49	64
Speech/Language Pathologist	8	13	12
Other Community Health Services Branch Disciplines	3	0	0
Early Childhood Intervention Program	8	3	2
Parent/Guardian	2	1	12
Other	3	11	6
TOTAL:	56	77	96
Average Number of New Referrals Per Month	4.7*	6.4	8.0

* ECP services were only available for six months due to staffing change.

REASON OF CONCERN FOR NEW REFERRALS TO EARLY CHILDHOOD PSYCHOLOGIST

Screening Assessment	9
Identified Developmental Problems	24
Behavioral	14
Multiple Problems	9

REPORT OF THE PUBLIC HEALTH NUTRITION PROGRAM

- Mrs. M. Hornung

The nutrition program provides information and consultative services to groups and individuals and creates awareness for good nutrition in our community. Activities in the community were many and varied. The nutrition program continues to provide services to all age groups from expectant parents to the seniors.

Highlights of the progress and activities of the nutrition program for 1989 are as follows:

Presentations were made to a number of community groups with various topics being of interest; dietary fats, eating disorders, healthy body weights, chronic disease prevention and feeding young children, to name a few. Audiences varied from women's groups, seniors, parents, and students.

Nutrition education workshops for teachers of Kindergarten to Grades 6 continued in the region. Teachers in Esterhazy and Yorkton attended the Dairy Foundation workshops given by the Nutritionist.

In 1990, a new workshop will be introduced called Project APEX (Action Program on Eating and Exercise). It is aimed at Grade 5. The Nutritionist attended an inservice on the program this year and will implement the program in early 1990. It is being co-sponsored by The Saskatchewan Dairy Foundation and The Department of Culture, Multiculture and Recreation.

The Nutritionist participated in a subcommittee which developed a new program called "Eat Smart For Your Heart". As the title indicates, this is an education program on diet and heart health

aimed at the general public. It is a two class series which covers risk factors, defines types of dietary and body fats, practical tips on lowering fat intake, label reading, modifying recipes and restaurant eating. Two very successful classes were held in Foam Lake and in Yorkton. It will be carried out in other communities in 1990.

A subcommittee of Nutritionists developing a prenatal screening tool continued. The tool is being piloted in this health region as of September, 1989.

The Nutritionist was also on a subcommittee to develop a program for Nutrition Month 1990. Eat Smart Grocery Store Tours were developed and piloted at a Regina store. Support material for all Nutritionists was also developed. This program will be implemented in March, 1990.

Saskatchewan Health's Everyone Wins program has led to many requests from community groups for presentations as well as for support materials. The new newsletter Healthy Living has led to many requests for further information and time was spent answering these on behalf of the department.

Media work continued throughout the year. Regular newspaper columns continue to be an excellent medium to disseminate information. But, because of the Everyone Wins newspaper column dealing with all health issues which was introduced this year, it was decided that the Nutritionist's newspaper column should only be twice a month instead of weekly.

Other media work included the regular health topic on T.V. as well as other T.V. talk shows and use of the cable pages during nutrition month.

An excellent display entitled Nutrition in the Park was developed by Heather Decterow, Assistant Provincial Nutritionist and Karen Cooper, Provincial Nutritionist. This display was at "Lifestyles" health fair in Regina and Saskatoon as well as touring the province's fairs over the summer. The Nutritionist participated in the display in Regina and Yorkton. The animated nutrition characters were enjoyed by young and old.

A new document was released this year entitled Promoting Nutritional Health During The Preschool Years. It is directed at health and child care professionals who influence programs and policies related to the health and well-being of young children. This was distributed to appropriate child care professionals in our area.

The Nutritionist attended The Canadian Dietetic Association Conference. The Saskatchewan Dietetic Spring Conference was attended as the Nutritionist was the Chairperson. The theme of "Well focused on prevention. Continuing Education in the field is so important when disseminating information constantly to the public.

The Department inservices Peak Performance and Serving People First were also attended. The Nutritionists had the privilege of attending a Media Relations Workshop given by Rhonda Stevenson.

1989 has been a challenging and productive year. 1990 should be a year of continued opportunity. I would like to thank Dr. Watler, all Regional Staff and Central Consultants for their interest, co-operation, and support.

NUTRITION STATISTICS

GROUP DISCUSSIONS, TALKS AND WORSHOPS

Group	Number of Meetings	Attendance
School Students	10	269
School Teachers	2	26
Other School Personnel	4	34
Post Secondary Students	3	37
Public Health Staff	6	60
Other Health Professionals	4	70
Health Reps/Councillors	1	8
Industry	1	2
Parents	4	43
Consumers	15	136
Seniors	3	76
Others	7	153
	60	914

ORIENTATION SESSIONS

Regional Staff	1	1
Dietetic Interns	1	1
Nursing Students	2	4
Other	2	3
	6	9

MASS MEDIA AND RESOURCE DEVELOPMENT

	NUMBER
Television	6
Newspaper Columns - written	8
- edited	39
Resource Development/Review	31
Displays	8
	92

INDIVIDUAL SCREENING AND COUNSELLING

	CONSULTS	SCREENED	COUNSELLED
Prenatal			
-under 20 years old		11	4
-20 years old and over	3	133	17
Child			
-0-5 years	3		3
-6-20 years	1		1
Adult			
-20-65 years	4	1	9
-65 years and over			3
	11	145	37

CONSULTATIVE SERVICES

	NUMBER
Health Region Staff	109
Department Health Staff	68
Public (includes 254 from displays)	434
Health Professionals	48
Education Personnel	14
Government Agencies	8
Community Agencies	11
	691

REPORT OF THE DENTAL HEALTH EDUCATION PROGRAM

- Mrs. W. Griffith

The role of the Dental Health Educator is to promote dental health education in the community. As in previous years, the largest focus of the program centered around school aged children (Kindergarten to Grade Six).

As a group, however, the Dental Health Educators agreed that our program needed expansion. Often by the time we see school aged children, damage to teeth is already evident.

During the 1988-89 fiscal year, two other Dental Health Educators and I were involved in developing a story book that would be suitable for the new "preschool" (three and four year age) group. The story book characters "Charlie Chew" (a molar tooth) and "Gary the Gopher" (a gopher) tell the children about good and bad dental care.

It was much to our amazement that the story book which was originally illustrated in a very simple manner eventually became "professionally" produced by the Department. The story book "A Walk with Charlie Chew" was promoted by The Honourable George McLeod who in April proclaimed April as Dental Health Month. Copies of the story book were mailed to all elementary schools, licensed daycares, dental offices, and libraries. Additional copies were made available for use during Dental Health Month.

With the development of the story book, a Preschool Kit was individually put together by each Dental Health Educator.

The kit included an instruction manual, alternate story books, puzzles, activities, song sheets, large mouth model with toothbrush, pamphlets, tooth stamp, and dental mirror in addition to toothbrushes and colouring sheets for each child.

The Preschool Kit was designed to be used by a care giver, in nursery schools, licensed daycares, and home daycares. But because not all children are involved in the fore mentioned, story time at public libraries opens up a new avenue. I personally introduced "Charlie Chew" and the Preschool Kit to 12 library story hours during Dental Health Month.

I met with five others to discuss the possibilities of a postnatal dental education program. The objective is to reach parents of infants and toddlers, a group previously unaccessible. To reach this group, we would have information packets available at the hospitals and in some circumstances we would do a hospital visit to the new moms. The reason for informing parents early is that often by the time we see the preschool child, damage to teeth has already occurred. It is important to educate parents so they can establish good dental habits early. This program is doing well in the Melfort area and by the fall of 1990, I hope to have a program implemented in our area.

STATISTICS

MEDIA

	NUMBER
Television - Health Topics on CKOS April 7 and 14, September 22 and 29, December 15 and 22.	6
Dental Health Month display (Canora and Yorkton)	2

INSERVICES

"Serving People First" (January)	1
Dental Health Educator's meeting (March 15 and 16, June 13 and 14, September 6 and 7, December 14 and 15.	4
"Peak Performance" (November 30)	1
Introduction to Computers (October, 1989)	1

WORKED ON THE FOLLOWING COMMITTEES

- Preschool Kit
- Basic Equipment Review
- Input in Dental Health Educator's Manual
- Postnatal Dental Package
- Pamphlet review - reworking of Tips for Teeth
- Helped develop an ABC Story Book on Dental Health with two other Dental Health Educators

STATISTICS

	Number of Schools	Number of Participants	Number of Presentations	Number of Preschool Presentations	Number of Preschool Students	Preschool Kit Utilization	Preschool Kit Number of Students	Extra Presentations
Jan.	9	1529	75					
Feb.	5	888	42					
March	6	119	15					
April				17	270	12	270	4 (K + 1)
May				10	82	5	62	
June						1	15	
Sept.	3	171	16					
Oct.	11	768	50			2	42	
Nov.	13	985	54	2	17	2	117	1 (Grade 7)
Dec.	3	402	18			2	30	1 (Grade 7)
	50	4862	270	29	369	24	536	6

Fluoride Mouthrinse Program

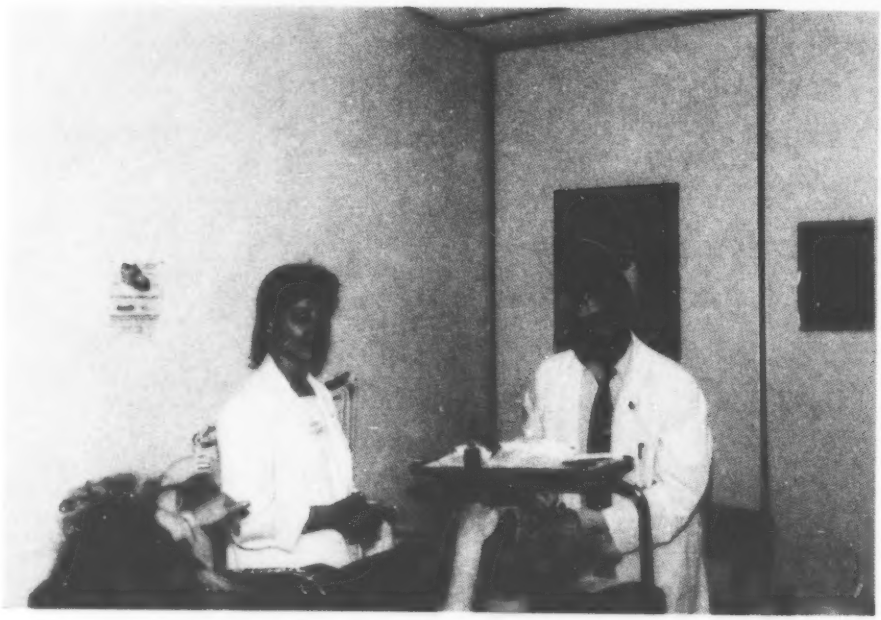
Existing Programs -	Invermay	54 students
	Tantallon	55 students
Programs begun in 1989	Endeavour	77 students
(February)		
(October)	Seventh Day Adventist, Yorkton	8 students
	4 schools	194 students

Approval for two schools was received in December, 1989 - Calder and Ebenezer Will begin program in January of 1990.

10 - Twenty minute classroom presentations were given to three schools (Fort Pelly, Calder and Ebenezer).

2 - Sixty minute presentations to Endeavour Home and School regarding the Fluoride Mouthrinse Program.

TREATMENT SERVICES



Dr. Sandy Todd and Chiropody Assistant, Kathy Morgan carrying out minor surgical procedure at the Yorkton Clinic

BRANCH

REPORT OF THE COMMUNITY THERAPY PROGRAM

- Sheral Grywacheski, Yorkton
- Fern Keil, Esterhazy
- Eleanore Petrie, Preeceville

The Community Therapy Program is a rurally based Physiotherapy Service which is aimed at improving the independence, productivity, function and quality of life for individuals with physical and functional disabilities. Services are provided to rural hospitals, care homes, developmental centres, home care agencies, schools, and to patients in their homes.

The program focuses primarily on treatment, assessment, consultation and education. The areas serviced in the Yorkton-Melville Health Region are Yorkton, Ituna, Theodore, Canora, Kamsack, Saltcoats, Preeceville, Norquay, Pelly, Sturgis, Langenburg and Esterhazy.

PROGRAM CHANGES:

The Community Therapy Program has gone through a year of many changes:

1). Time allotment to Kamsack and Canora was reduced due to decreased utilization of the Community Therapy service, and to provide regular service to home care clients in the Yorkton area.

2). There has been an increase of time allotted to Preeceville extending to Pelly, Langenburg and Esterhazy areas. This was due to an increasing number of requests from home care agencies and individuals in their homes for physiotherapy services of assessment, consultation and treatment.

Due to demands at Esterhazy and Langenburg Hospitals, time was increased by two days per month at each facility.

3). Sheral Grywacheski took a three-month leave of absence for October, November and December. Weekly service was provided to Yorkton by Fern Keil and to Canora by Eleanore Petrie during Sheral's absence.

4). In the Yorkton-Melville Health Region, 1989 was the first year that we had a Physiotherapy intern completing a clinical placement in Community Therapy.

HIGHLIGHTS:

1). Community Therapy articles were written and submitted to rural newspapers. There was varying acceptance by the newspaper editors to print the articles. Topics included:

Walking is Good Exercise
Oh My Aching Joints
What! Me Move!
Poor Posture Hurts
Fitness is Fun
Oops! Don't Fall!
Physiotherapy, Your Partner In Action
Facts on Canes
Safety on Stairs

2). Fern Keil participated in Library Week with the Everyone Wins grant for the Lifestyle Video Premiere Night.

3). Fern Keil participated in the Langenburg Health Fair. It was a worthwhile and successful event sponsored by the Everyone Wins Program.

4). A fourth-year Physiotherapy student from the University of Saskatchewan completed a four-week internship at Preeceville under the clinical direction of Eleanore Petrie. This was a valuable experience for both student and therapist.

5). Regional Community Therapy meetings were initiated in 1989 as a supplement to the Provincial Community Therapy meetings. Our first meeting was at Whitewood November 1, 1989, with Community Therapists from Health Regions 10, 3, 5 and 7.

STAFF DEVELOPMENT:

- Serving People First
- Peak Performance
- Eleanore Petrie attended an Orthopaedic Workshop in Saskatoon, October 20th, and 21st.
- Eleanore Petrie and Fern Keil attended a McKenzie Course in Saskatoon, November 10th, 11th, 12th and 13th.

YORKTON-MELVILLE HEALTH REGION
COMMUNITY THERAPY - 1989
(SERVICES PROVIDED TO REGION)

			AVERAGE PER MONTH	
	1988	1989	1988	1989
New Referrals	806	778	67.16	64.8
Total Attendance	2727	2715	227.25	226.25
Treatment Hours	1914	2117	159.52	176.40
Education Hours	191	156	15.94	12.98
Consultation Hours	77	88	6.44	7.29

New Referral: An inpatient or outpatient for whom treatment has been initiated.

Total Attendance: The total number of times a patient is seen by a therapist for assessment and treatment.

Treatment Hours: The hours spent on those activities which are diagnostic, evaluative, therapeutic and require the patient's presence.

Education Hours: The hours spent on activities involved in preparation of and formal presentation of material for the education of nursing staff/ caregivers and public.

Consultation Hours: The hours spent on the planning of services, equipment, providing and referring to technical and expert advice.

1989 EDUCATIONAL PRESENTATIONS

Transfers, Lifting and Body Mechanics	5
ADL Techniques	2
Positioning/ROM	2
Fitness/Exercise	4
Back Care	6
Other	4

HEALTH TOPICS (CKOS - TV)

- Children's Asthma Camp at Camp Easter Seal
- Asthma

REPORT OF THE CHIROPODY PROGRAM

- Dr. A.N. Todd

At the time of writing this annual report, Community Health Services Branch is undergoing a radical change. As you are probably aware, this involves the dividing of Community Health Services Branch into two distinct branches, Treatment and Prevention.

Consequently, this is the last report I will be presenting to the Board on behalf of Chiropody Services in the Region. Within the Chiropody Program there were several major changes during 1989. Dr. Nicholas Perry was appointed Program Director in April, replacing Dr. Scott Ritchie who resigned in December, 1988. In August, Mr. Mino Deiana was appointed to the Rosetown Clinic although he also provided extra coverage in Saskatoon. The program was fully staffed for the first time in several years.

In August of 1989, Stan Malach was transferred and Community Health Services Branch was split into Prevention and Treatment. The Director of Treatment is Mr. Joe Dvernichuk.

At the Regional level, all clinic centres are at or above capacity. Once again, we had a high number of new referrals (847) which averages out at 70.5 referrals per month. Our treatment total for the year exceeded 4,000 for the first time. This includes 1,320 treatments at our satellite centres which accounts for 35.2% of all treatments within the region.

A persistent problem is the inability to offer satellite patients an initial visit at their local clinic unless they are prepared to wait two - six months. As a result, many patients receive their initial visit in Yorkton and are re-appointed to their satellite clinics for follow-up visits. This gives a slightly inflated number of new referrals accredited to the Yorkton clinic. It also accounts for the reduced percentages at the satellite clinics. Our current caseload has increased by over 9%. This is due largely to the number of chronic conditions which are taking up an increasing proportion of our caseload as each year passes. This is despite the fact that we have been able to discharge almost 60% of our caseload since 1984.

During the year, 51 castings were taken and 55 surgical procedures were performed. Because of the lack of facilities in the satellites, all the above were carried out in Yorkton.

1990 brings a new decade and a new challenge to both Treatment and Prevention Branches.

Despite these changes, we expect to continue our close and cordial relationship with our friends and colleagues in Prevention Services Branch.

I would like to take this opportunity to thank Dr. Watler and the staff of the Yorkton-Melville Health Region for all their help and support. Particular thanks goes to Marge and the stenos for their support and coverage over the past 5 1/2 years.

CATEGORY OF NEW PATIENTS BY LOCATION

LOCATION	CATEGORY I	CATEGORY II	CATEGORY III	CATEGORY IV	TOTAL	PERCENT
Yorkton	130	50	117	347	644	76.0
Melville	25	3	13	35	76	9.0
Foam Lake	21	8	9	26	64	7.5
Canora	26	4	17	16	63	7.5
TOTAL	202	65	156	424	847	
PERCENTAGE OF TOTAL:	23.8%	7.7%	18.4%	50.1%		

TOTAL CASELOAD LESS DISCHARGES

LOCATION	TOTAL PATIENTS SEEN SINCE AUG. 1984	LESS DISCHARGES	CASELOAD AT DEC. 31/89	PERCENTAGE DISCHARGED
Yorkton	3129	1985	1144	63.4
Melville	526	291	235	55.3
Foam Lake	357	230	127	64.4
Canora	389	214	175	55.0
TOTAL	4401	2720	1681	61.8

TOTAL TREATMENT BY LOCATION

LOCATION	CATEGORY I	CATEGORY II	CATEGORY III	CATEGORY IV	TOTAL	PERCENT
Yorkton	736	204	422	1251	2613	64.8
Melville	306	58	142	132	638	15.8
Foam Lake	170	26	66	98	360	8.9
Canora	205	46	97	74	422	10.5
TOTAL	1417	334	727	1555	4033	
PERCENTAGE	35.1%	8.3%	18.1%	38%		

CURRENT CASELOAD BY LOCATION

LOCATION	CATEGORY I	CATEGORY I	CATEGORY III	CATEGORY IV	TOTAL	PERCENT
Yorkton	286	271	165	422	1144	68.0
Melville	98	51	49	37	235	14.0
Foam Lake	59	22	25	21	127	7.6
Canora	93	19	41	22	175	10.4
TOTAL	536	363	280	502	1681	
PERCENTAGE	31.9%	21.6%	16.6%	29.9%		